

A photograph of a smiling family of three—a woman, a young girl, and a man—framed within a large blue circle. The image is overlaid with a semi-transparent blue filter. The background of the entire page is a solid olive green color.

Keeping Families Together

A guide for families to understand intensive treatment options for children with mental illnesses

CONTENTS

Introduction	1
Children with Mental Illnesses	3
Emotional Disturbance and Severe Emotional Disturbance	
Mental Health Services	
Assessments	
Treatment Options	8
Community Services	
Inpatient and Residential Services	
The Decision to Place Your Child in Residential Treatment	14
Choosing a Treatment Program	
Questions to Ask	
Paying for Residential Treatment	19
Health Insurance	
Minnesota Health Care Programs	
County Social Services	
Legal Issues	21
Voluntary Foster Care Agreements	
Legal Timeline	
Residential Treatment Programs	31
Admission	
Services Provided	
Rights of Residents	
Staying Involved	
Planning for Your Child to Come Home	37
Discharge Planning	
Putting Services into Place	
If You Disagree	41

Other Relevant Laws 42
 Minnesota Comprehensive Children’s Mental Health Act
 Children’s Mental Health Collaboratives
 2007 Mental Health Initiative
 Indian Child Welfare Act
 Minnesota Consent of Minors for Health Care
 Adoption and Safe Families Act
 Title IV-E of the Social Security Act

Restoring Legal Custody 45

Common Terms 46

Acronyms Used in Children’s Mental Health 51

Federal and State Resources 52

Voluntary Foster Care Agreement Forms 54

INTRODUCTION

Parenting a child with a mental illness can be overwhelming. The child may have trouble in school, be at risk of hurting themselves or others, or may end up in the juvenile justice system. The professionals who treat the child may have difficulty agreeing upon a diagnosis, the diagnosis may keep changing, and everyone may have difficulty finding treatment that works. The family may have strained relationships and strained finances. And parents or caregivers may feel frustration and guilt as they seek help for their child.

Sometimes, because the child cannot be safe in the home and/or the level of care needed is greater than can be provided in the home, parents seek or professionals recommend residential treatment for the child. It is always a difficult decision for parents. It can happen after all less restrictive community options have been tried. It can happen because the symptoms or behaviors are dangerous and the monitoring and treatment needed are greater than can be provided in an outpatient or day treatment setting. It can happen because intensive community-based treatments were not available sooner or at all. While it is important to keep children with their families whenever possible, sometimes the severity of the symptoms leads the parents, regardless of their income or family situation, to seek out-of-home placement for intensive treatment.

This guide, *Keeping Families Together*, examines the issues families face in making a decision to seek treatment out of the home for their minor child. It openly discusses parental concerns about how to stay involved in their child's treatment and provides information on Minnesota laws that affect children in treatment facilities and their families.

This guide also addresses the legal issues around a child being placed out of the home for treatment when county funding is needed. For many years, parents were told that they had to give up, or relinquish, custody of their child to the county to obtain necessary mental health treatment out of the home. Faced with few options and no other way to obtain treatment or pay for services, many families gave up custody of their child so they

could obtain the care the child needed. Other families faced dealing with the child protection system (CHIPS) when all that was wrong was that their child needed intensive services. Over the years, laws have been enacted to help keep families together. However, they were often confusing and carried out differently from county to county.

A new law, Minnesota Statutes Chapter 260D, was enacted in 2008 to clarify the legal issues when a child with a developmental disability or a mental illness needs to receive treatment outside of the home and for whom there are no child protection issues. Chapter 260D makes it clear that parents and guardians **do not** have to give up legal custody of their child to access or receive mental health services and treatment. The new law looks at medical necessity, meaning the child's need for treatment. The new law:

- Establishes voluntary foster care agreements as a way to provide out-of-home treatment for a child with a developmental disability or a mental illness;
- Establishes court reviews for a child in a voluntary placement;
- Establishes the ongoing responsibility of the parent as legal custodian to visit the child, plan for and make treatment decisions, and obtain the necessary medical, dental and other care for the child;
- Applies the new law when the child's parent and the agency agree that the child's treatment needs require out-of-home care, also known as foster care, due to a level of care determination.

The purpose of the new law is to:

- Make the child's safety, health and best interests the paramount consideration in all proceedings;
- Ensure that children with developmental disabilities or mental illnesses are provided services necessary to treat or ameliorate the symptoms of the child's disability;
- Preserve and strengthen family ties, approving placement away from the parent's home only when the child's need for care and treatment require it and the child cannot be maintained in the parent's home;
- Ensure that the legal custody of the child and associated

- decision-making authority remains with the parent; and
- Support the rights and obligations of parents to plan for their child.

In the new law, *foster care* is the term used to describe a variety of out-of-home placements, including residential treatment. Throughout this booklet, when the term *foster care* is used, it reflects all of the many options such as a family foster home, therapeutic foster care, group homes, shelters and residential treatment. It does not include hospitals, inpatient chemical dependency treatment facilities or correctional facilities. The word *parent* includes parents and guardians. The new law also uses the term *voluntary foster care agreement* (VFCA) which replaces the old term, *voluntary placement agreement* (VPA).

A child with a mental illness needs a system of care that involves a team of professionals who can identify the needs of the child and family, connect them to resources and build a network of support with other agencies and organizations. As a parent, it is important to understand the laws and regulations that affect children's mental health services and your rights and responsibilities as a parent of a child receiving those services. It is not easy to navigate the system or to obtain appropriate services for your child. It is hoped that this guide will provide the direction and resources parents need to make it just a little easier to be knowledgeable and strong advocates for their children.

CHILDREN WITH MENTAL ILLNESSES

About 10 percent of children have a mental illness. Mental illnesses are not caused by poor parenting or economic social status. Emotional or mental health problems can develop at any age. Many children experience depressive, anxiety, attention deficit, conduct, mood or eating disorders. A child's emotional health can affect many aspects of life, including family interactions, school success and social connections.

Early identification and treatment are essential to helping a child get better. While behavioral problems often signal mental health problems,

it is important to determine what is causing the behaviors and to find appropriate treatment. A good diagnostic assessment will measure current levels of functioning and evaluate environmental, medical and neurobiological factors. A diagnostic assessment is not the same as a special education assessment. A licensed psychologist (LP), licensed independent clinical social worker (LICSW), psychiatrist (M.D.), clinical nurse specialist (CNS) or psychiatric nurse practitioner (NP) are the mental health professionals who typically conduct a diagnostic assessment. The diagnostic assessment is used to determine the diagnosis and guide the treatment plan.

Parents can become frustrated not only in trying to find professional help for their child but also in trying to understand how the complex children's mental health system works. Often it feels like nothing works and nobody understands. It can also be difficult and time-consuming to find professionals who understand how to treat these mental illnesses. Parents should not be afraid to ask questions, such as "How will this treatment work?" "How much time will it take?" "What do you expect of me or my child?" and "How long before we see changes?"

Emotional Disturbance and Severe Emotional Disturbance

Terms used to describe children who have a mental illness include *emotional disturbance (ED)* and *severe emotional disturbance (SED)*. *Emotional disturbance*, *severe emotional disturbance* and the special education term *emotional or behavioral disorder (EBD)* are not mental health diagnoses but rather terms used to describe the severity of behaviors. These terms are also used by county agencies and mental health providers to determine eligibility for services and programs.

An emotional disturbance:

- Is an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory or behavior.
- Is listed in the *International Classification of Diseases* clinical manual or the corresponding code in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*.

- Seriously limits a child’s capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, school and recreation.

To meet the definition of a severe emotional disturbance, one of the following must apply:

- The child must have been admitted within the last three years or is at risk of being admitted to inpatient hospital or residential treatment;
- The child is a Minnesota resident receiving residential treatment in another state through the interstate compact;
- The child meets one of three criteria — psychosis or clinical depression, risk of harming self or others, or psychopathological symptoms as a result of abuse or trauma; or
- The child has significant impairment at home, school or community that has lasted one year or presents a substantial risk of lasting one year.

A diagnostic assessment is conducted by a mental health professional and is necessary to determine if a child meets the definition of ED or SED. It also will help determine what services are medically necessary and will guide the development of the treatment plan. Depending on the child and treatment needs, an assessment should be done yearly or every couple of years.

Mental Health Services

Children with mental illnesses often require a full continuum of mental health services – ranging from outpatient, home and community-based services, and crisis services, to day treatment, inpatient hospitalization, foster care and residential treatment. This continuum of care needs to be offered to meet a variety of diagnoses and functioning levels. Effective treatment approaches differ across age groups, so the continuum of care should be age-sensitive as well as culturally and developmentally appropriate. There is no “one door” into the children’s mental health system. The path a child takes is in many ways directed by the funding. Private insurance, Medical Assistance, special education, MinnesotaCare, Federal IV-E, county dollars, etc., all have hoops parents may have

to go through to obtain services and the services that are available are largely dependent on who is funding the treatment.

While ideally children should begin in the most appropriate, least restrictive program, it doesn't always work that way. Sometimes a child's symptoms develop suddenly or progress quickly and there is no time for, nor is it effective to, start with less intensive and less restrictive services.

In-home and community-based services are effective, but in certain situations residential treatment may be therapeutically necessary. Some professionals may be reluctant to recommend residential treatment, believing that it interrupts a child's attachment to the family or that there are no studies showing effective outcomes. Many families' experiences and data show, however, that foster care or residential treatment can be effective, create good outcomes and maintain family relationships.

Assessments

The presence of a mental illness in and of itself does not qualify a child for mental health services or foster care. Counties and providers often use assessment tools to measure the child's ability to function at home, at school and in the community. These scores may be used to determine a child's eligibility for social services or placement in foster care, measure a child's progress or evaluate a need for increased services and supports.

Parents of a child with mental health needs will come across a variety of "screens" or "assessments." Screens are typically brief questionnaires that can alert the screener to the need for more information or further assessment. Counties conduct assessments to measure the level of service needed. If a county is considering out-of-home placement, then the county must conduct a level of care determination. When county funds are being used to pay for foster care a level of care determination or assessment is conducted to determine the appropriate setting for the child.

The Minnesota Department of Human Services approved the Child and Adolescent Service Intensity Instrument (CASII) for this purpose. The CASII looks at the level of care needed by a child. It assesses the severity of clinical symptoms and service needs in six areas: 1) risk of harm; 2) functional status; 3) co-morbidity; 4) recovery environment – stress and support; 5) resiliency; and 6) treatment history, treatment acceptance and engagement. Parents should request that providers use the CASII as the tool validated by the Department of Human Services in February 2009.

Parents may find some providers still using these tools:

- Children’s Global Assessment of Functioning (GAF)
- Child and Adolescent Functioning Assessment Score (CAFAS)

The GAF is a numeric scale (0 through 100) used by mental health clinicians and doctors to rate the general functioning of a child. It looks at how a child is doing socially and psychologically. The lower the number, the lower the child’s functioning levels and the greater the need for intervention and services.

The CAFAS is a numeric scale (0 through 170) used by trained professionals to assess a youth’s degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric or substance use problems. The higher the number, the more at risk a child will be for out-of-home placement. The CAFAS is a standardized mental health assessment tool used by many agencies as a part of their eligibility determination process.

If a family is seeking services from the county, then a county case manager is required to conduct a functional assessment in order to determine the child’s mental health symptoms, use of drugs and alcohol, vocational and educational functioning, social functioning, interpersonal functioning, self-care and independent living capacity, medical and dental health, and need for financial assistance, housing or transportation, or other needs or problems. The CASII may be used for this purpose as well.

TREATMENT OPTIONS

The first goal of services for children and their families is for the child to receive services and supports to function and thrive while living with their parents in the community. Parents often try many types of services before seeking residential treatment. A wide array of services is available in the community, including counseling or therapy, day treatment, in-home services, crisis services and respite care. The availability depends on the needs of the child, the county you live in and whether your family has applied for county social services. Some families feel forced to seek residential treatment because community supports are not available or are offered too late. On the other hand, some families are incorrectly told that they have to exhaust all community options before seeking residential treatment.

Counties are required to provide case management services to children who have a severe emotional disturbance if families request or consent to the services. The role of a case manager is to help families obtain needed mental health, social, educational, vocational and recreational services and to coordinate these services. They should be knowledgeable about community services, understand eligibility criteria for medical assistance programs, help coordinate the services and ensure continuity of care.

Community Services

Our vision embraces a comprehensive array of home and community-based services and supports to provide treatment and to support the functioning of children with emotional disorders and their families at home, school, work, and in the community. Children belong in their homes and in their communities and every effort should be made to keep them there and to return them from institutional to home and community settings.

*President's New Freedom Commission on Mental Health,
Subcommittee on Children and Family, 2003*

There are many different types of services that exist to provide treatment and support to a child and his or her family. Payers for services vary including private insurance, federal and state health

care programs (Medical Assistance and MinnesotaCare), county funds or educational funds. As mentioned earlier, access to and availability of services varies around the state. Here is a listing of services that may be available in your community:

- **Assertive Community Treatment (ACT)** will be available in 2010 or later. It is an intensive nonresidential rehabilitative mental health service provided by a multidisciplinary staff using a total team approach consistent with assertive community treatment, or other evidence-based practices, and directed to children with a serious mental illness who require intensive services. It will be paid for by Medical Assistance.
- **Children’s mental health collaboratives** may pay for or provide some mental health services in some communities. Funding for these services has decreased, but some continue to provide wrap-around services. Wrap-around is a process whereby a team of individuals connected to the youth come together to develop and implement an individual plan of care that is family-driven, culturally appropriate and strengths based. It includes both formal treatment services and informal community supports.
- **Children’s therapeutic services and supports (CTSS)** are offered by a community provider or county and have been certified by the state. They may provide individual, family and group psychotherapy; individual, family or group skills training; crisis assistance; and mental health behavioral aide services which can be delivered individually or in a package as Day Treatment. These services can be provided in the family’s home, child’s school or other community settings. Children on Medical Assistance can receive up to 200 hours of service per year without prior authorization. More hours can be provided if there is a clear need and if approved by the state. Some private health plans may, and Medical Assistance and MinnesotaCare will, pay for these services.

- **Community alternatives for disabled individuals (CADI) waivers** is a limited special program that provides intensive services in the home or other community-based setting for youth who qualify as having a serious emotional disturbance and are at risk for entering or are leaving an intensive residential placement such as a private or state hospital. It is only available to those who are on Medical Assistance.
- **Community mental health centers** provide a wide range of mental health services from diagnostic assessments and psychotherapy to medication management. Some provide day treatment and in-home services if they are also certified CTSS providers. Private clinics and independent clinicians also provide specific therapies or treatments. They generally accept all types of insurance (public and private) and have sliding fee schedules.
- **Counseling and therapy** can be one-on-one, with the entire family or in a group session. Particular types of therapy have been shown to work best for particular symptoms or specific behaviors. Private insurance and state health care programs typically pay for these services and community mental health centers offer sliding fee scales.
- **Crisis assistance** includes developing a plan to address prevention and intervention strategies to be used in a crisis. Crisis assistance can also include help in arranging: admission into a hospital, crisis placement and community resources for follow-up; and emotional support to the family during the crisis. Many counties and health plans offer 24-hour crisis response teams or crisis hot lines.
- **Day treatment services** are structured and should consist of group psychotherapy and other intensive therapeutic services aimed at stabilizing the child's mental health status and developing and improving independent living and socialization skills. Day treatment services that are qualified to receive Medical Assistance funds must be offered year-round and providers

must be certified. Many also have an educational component. Some schools call their programs for children with emotional or behavioral disorders day treatment but they do not meet the same clinical standards as those programs certified by Medical Assistance. Private insurance and state health care programs typically pay for these services along with counties and sometimes special education.

- **Family community support services** are required to be offered by counties under the Children's Mental Health Act and may include outreach to the family, medication management, assistance with independent living, leisure, recreational and parenting skills, and home-based family treatment. Personal care assistance (PCA), which is funded under Medical Assistance, is also used to provide in-home support.
- **TEFRA** gives families who are above the poverty level a way to qualify their child with developmental disabilities or a serious emotional disturbance for Medical Assistance. The full range of mental health services covered by Medical Assistance is then available to the child. This includes waiver programs, health care, mental health care, Personal Care Assistance, day treatment, residential treatment, CTSS and more. Parents will pay a fee according to their income and may pay more if they drop their current insurance. However, if the family pays for the private insurance premium out-of-pocket and it is cost-effective, that premium can be paid by the county and in some cases by Medical Assistance.

Inpatient and Residential Services

Inpatient and residential services are considered when the child's need for treatment or safety requires it. The most intensive services are provided in these settings.

- **Inpatient hospitalization** offers 24-hour care seven days a week. Hospital programs provide the greatest degree of structure and intensity for children and adolescents in crisis and in need of intensive inpatient treatment. The goal is to quickly stabilize the child or teen and return him or her to

the community or a less restrictive treatment setting. The hospital treatment team should work with the family to provide a smooth transition from the hospital to the family, school and community environment. The average length of stay for an acute hospitalization is four to seven days. In addition, emergency services for psychiatric evaluation are available through the hospital's emergency room 24 hours a day. Not all hospitals have inpatient care for children or adolescents, and it sometimes can be difficult to find an open bed. All hospitals have access to a statewide bed tracking system to find an open bed. One hospital in Minnesota has a subacute psychiatric program and there are several partial hospitalization programs that are run either by a hospital or a community mental health center. Hospital care is typically covered by private insurance, state health care programs (such as Medical Assistance or MinnesotaCare), or the hospital's charity care program.

- **Therapeutic or treatment foster care** provides a higher level of support than can be offered at home or in traditional foster homes. This is a family-based approach using foster parents who have been trained to work with children with difficult behaviors and mental illnesses. This care is accessed through the county social service agencies, and public funds are used to pay for it. Parents are assessed a fee according to their income.
- **Residential programs** provide a year-round program designed to provide for the needs of the child. These facilities may be small, serving only a few children (commonly referred to as group homes) or large facilities (commonly referred to as residential treatment centers). Each licensed facility is certified for the services provided. Certifications include secure programs, chemical dependency treatment programs, transition programs, shelter, mental health treatment programs and corrections. Education is provided either on site or in local public schools. Some programs are licensed by the Department of Human Services and others by the Department of Corrections. The rule that governs how they operate is informally called the "Umbrella Rule." Residential services are designed to provide

stabilization, address mental health issues and symptoms, improve the child's ability to function and assist the family in developing skills to care for the child when they return home. When county funds are used to pay for residential services, parents are assessed a fee according to their income.

Mental health certified residential facilities offer individual, group and family psychotherapy in a highly structured environment. Therapeutic and educational services are provided for children and adolescents who have long-standing emotional or behavioral difficulties and who have not been successful or have needs that cannot be met in less restrictive settings. Mental health treatment programs provide services specified in individual treatment plans based on the clinical needs of the child, support the child in gaining the skills necessary to return to the community, support the family in gaining the skills necessary to care for the child and are provided by qualified staff under the clinical supervision of a mental health professional.

Shelters provide a temporary safe placement for children who cannot stay at home. The county social service agency has become involved with the child and the child's family when a child is placed in a shelter. Children are screened and, if needed, further assessment is arranged. If indicated, children may be referred to other levels of care or services.

Transition programs serve children between the ages of 16 to 21. Services include housing, independent living skills training and supportive services. These programs are designed to prepare youth to live independently. Service sites may be congregate, scattered or cooperative housing.

Evaluation/Diagnostic programs provide an inpatient assessment ranging from 15 to 45 days, where the child is evaluated through formal diagnostic testing, observation and functional assessment. Such programs often exist within residential treatment facilities.

Restrictive procedures certification means that the facility is certified to use particular procedures to limit the movement of the child, including physical escort, physical holding and seclusion. Certification requires that these procedures are only used when necessary to prevent harm to the child or others. Staff must be trained in the proper use of these procedures, and use is monitored and reviewed. Additional procedures such as mechanical restraints and disciplinary room time are only allowed in a correctional program.

Secure programs are programs in a building or part of a building that is secured by locks or other physical plant characteristics intended to prevent the resident from leaving the program without authorization.

A complete list of residential programs is available on the Minnesota Department of Human Services web site. This information can be found by going to www.dhs.state.mn.us and opening the “Licensing” section. Information includes the certification of the facility, the address and contact information. You can also visit the Minnesota Council of Child Caring Agencies website at www.mccca.org for more information on residential programs.

THE DECISION TO PLACE YOUR CHILD IN RESIDENTIAL TREATMENT

There are times when parents have done everything possible to help their child or to keep their child safe, yet they find themselves in the difficult position of considering residential treatment. It’s not their fault; it’s nobody’s fault. Some children need a high level of care, a high level of structure and a set routine to manage their mental illness.

Making this decision is difficult, and parents should weigh all the options as well as the pros and cons of residential treatment. As with any treatment, there are risks. Some parents and professionals worry about their children getting hurt physically and psychologically in out-of-home placements. It is hard for children to be away from their families. If the treatment facility is far from the home, it may be hard for parents to visit. On the other hand, children can be helped

by a structured environment and intensive treatment and may find relief and support from other youth struggling with similar problems.

Remember that this decision won't be made alone. Assessments will be made by the mental health professionals and in some situations by the county. Your child will need to meet medical necessity standards as determined by the CASII or one of the other assessment tools (GAF or CAFAS) mentioned earlier in the section on "Assessments."

In the end, parents have to decide what they feel is best for their child and their family.

Choosing a Treatment Program

When parents have decided that their child needs residential treatment, the next step is to decide which facility is best for the child. Parents will face a myriad of questions: How do you find out where these facilities are? Who do you ask? How do you determine which facility can best meet your child's needs? What questions should you ask? How do you advocate for your child? Who can help you decide where to place your child?

The best way to find out about facilities is to speak with someone who is familiar with the children's mental health system in Minnesota. Parents can ask the staff of psychiatric units, professionals who work with their child, school social workers and community agencies. Residential services can be recommended by a mental health professional, the case manager or the staff of the county mental health services unit for children and adolescents with emotional disorders. The parents' health insurance plan may also have a list of treatment facilities that it covers, and counties will have a list of facilities that they contract with and will want you to use. Parents can also view the online searchable directory of the Minnesota Council of Child Caring Agencies at www.mcca.org or go to the Minnesota Department of Human Services web site at www.dhs.state.mn.us.

Once parents know the names of facilities, they should talk with the admissions staff and visit some of them if possible. This will provide an opportunity to ask questions and meet staff. Parents

should trust their instincts. You know your child best. You may want to consider bringing a family member or friend along when you visit the facility. This is a difficult time for your family, and having support may help make the process easier.

Parents should know, however, that despite painstaking research you may have little control over which facility your child enters. Depending on how immediate the situation is, your child may simply end up in the nearest facility with an open bed. It may be helpful to know that all residential programs have to meet common licensing standards and then opt for additional certifications as mentioned previously based on the clients they serve.

Questions to Ask

Parents can be extremely vulnerable when they are selecting a program for their child who is in crisis. They need truthful and relevant data concerning treatment programs. Below is a list of questions you may want to ask staff at the treatment facilities to help you decide which facility is an appropriate placement for your child:

General Information

- How long has the facility been working with children?
- What types of behaviors or symptoms do you specialize in or are particularly successful in treating?
- What are the ages of other children in the program?
- What is the cost of treatment?
- Who pays for the treatment?
- Will my child go out into the community to participate in activities such as visiting the library or seeing a movie?
- What if my child gets sick? How are emergencies handled? Will I be called?
- What about my child's safety?
- What if I have a complaint? What are your procedures for handling complaints?
- Has the facility had any recent licensing violations?
- What treatment or support do you offer to the family?

Staffing

- What are the staffing ratios during the day and at night?
- What type of training does the staff have?
- Who will be working with my child, and what is their experience and background?

Treatment

- Does the facility have defined successful outcomes and collected data?
- What is the average length of stay?
- How often will the treatment plan be reviewed by me, my child and the staff?
- What types of therapies are included in the treatment plan?
- What about medications? Will you change my child's medications and how will I be informed?
- What will my child do when they are in treatment?
- Do you use time-outs, seclusion or restraints? Can I see your policy?
- What if I have questions after my child is in treatment? Whom do I contact?
- How do you plan for discharge? How much notice do you provide? How do you include the family in discharge planning?
- Is there a program to aid my child's transition back home?
- How will you keep my child's current psychiatrist informed and involved?
- What are your discipline policies?

Family Involvement

- How will I be involved in my child's treatment and care?
- How will I be kept up-to-date on my child's progress?
- How long should I expect my child to be in treatment?
- What are the policies about visits from friends? Will I have a say in who is allowed to visit my child?
- What are the policies about family visits, phone calls, e-mail and mail?
- What does the facility do to support family involvement and home visits?
- Will my child be allowed to have home visits?

Education

- What about my child's education? Will they go to the local school or receive education at the facility? How much time per day will be devoted to education?
- What happens to my child's IEP/504 plan from our current school district? Who will be responsible for carrying it out?

A reputable treatment facility will want you to ask questions and will have a written set of policies and procedures that parents can take home and look at later. They will answer your questions and follow up on any questions you might have. Each facility is also required to have admission criteria that will help you figure out if it is an appropriate placement for your child. The facility will also help you obtain authorization for treatment from your insurance provider or the county.

Residential mental health treatment facilities are licensed by the state of Minnesota for the purpose of providing care and treatment. The rule governing facilities is called the "Umbrella Rule" and is chapter 2960 under Minnesota Rules. This rule covers all aspects of the facility, including staffing, background checks, treatment, training of staff, rights of residents and so on. There is also a section that lists the types of things that can never be done (such as corporal punishment), as well as the staff training, reporting and other requirements if time-out, seclusion or restraints are to be used. In addition, certain types of facilities have additional rules specific to them. These facilities include detention settings, secure programs, chemical dependency treatment programs, shelter care, correctional programs, residential mental health treatment facilities and foster care or treatment foster care. You can look up facilities on the Minnesota Department of Human Services web site at <http://licensinglookup.dhs.state.mn.us> to see if they have been put on probation.

Be very careful if someone recommends an out-of-state facility for your child. Such facilities are governed by different rules and laws.

PAYING FOR RESIDENTIAL TREATMENT

Health Insurance

Residential treatment services are very expensive, and few families can afford to pay out-of-pocket for them. Health insurance plans may or may not pay for residential treatment. It is important to learn as much as possible about your private health insurance coverage. Contact your insurance company to see what treatment providers and facilities are covered under the plan, check your benefit amount and find out if there are any limits to coverage. Health insurance plans that are self-insured may not offer any coverage of mental health services. Regular health plans may have a 365-day limit. It is best to check with your insurance company before assuming that it will pay for all or some of the cost of out-of-home treatment. The residential facility staff can help you with this.

It is important for parents to find out whether they have a regular Minnesota health plan or a self-insured plan. They are different and are governed by different laws. Generally, large employers or employers that cover more than one state have a self-insured plan. They sometimes contract with a Minnesota company to manage the benefits, which makes it even more difficult to know what type of plan you have. Read through your policy book, especially the section on mental health care or behavioral health care, to understand how to obtain treatment, what services are covered and any financial or treatment limitations. The mental health parity law was passed in 2008 which means that there must be parity between coverage for mental health and substance abuse services and medical/surgical benefits in insurance plans that offer coverage for both benefits. Please note that this new law does not require that health plans provide mental health and substance abuse services.

In Minnesota, health plans are required to cover medically necessary services. Medically necessary care means health care services appropriate, in terms of type, frequency, level, setting, and duration, to the child's diagnosis or condition, and diagnostic testing and preventive services. Medically necessary care must be consistent with generally accepted practice parameters as determined by health care providers in the same or similar general

specialty as typically manages the condition, procedure, or treatment at issue and must:

- (1) help restore or maintain the child's health; or
- (2) prevent deterioration of the child's condition.

Minnesota Health Care Programs

If you cannot afford to pay for treatment, if your health insurance plan does not cover the cost of treatment or if you have exhausted your benefits, you need to contact your county mental health services unit to see if your child qualifies for one of Minnesota's publicly funded health care programs or for county payment for treatment. The Minnesota Department of Human Services has all the eligibility information on its web site at <http://www.dhs.state.mn.us>. Look under Minnesota Health Care Programs. You can also look at the web site for Minnesota Children with Special Health Needs at the Department of Health <http://www.health.state.mn.us/mcshn>. You will learn about several types of programs: Medical Assistance, PMAP, TEFRA, Waivered Services, and CADI. These are all Medical Assistance programs (Minnesota's Federal Medicaid program). Medicaid programs pay for the treatment but not room and board costs. It's important to know whether you have fee-for-service Medical Assistance or a Prepaid Medical Assistance Program (PMAP) because decisions regarding residential treatment are treated differently.

County Social Services

County agencies access Title IV-E to pay for part of the cost of room and board for some children. When a county agency has responsibility for placement, care and supervision, the county must provide the same protection requirements of the Title IV-E federal program, including court reviews and permanency for children. Permanency means stability and a permanent home.

If your child is covered under Medical Assistance, the county will need to be involved in the decision making regarding residential treatment. Usually, the county will use a combination of funding sources, including federal and county funds, to pay the room and board costs or the full cost of care. Counties are sometimes

involved when a child has a county case manager and private insurance is paying (note that there is not agreement that the county should be involved in these types of situations).

Thus, it is highly likely that the county will be involved in the decision about the need for residential treatment and the procedures that follow once that decision is made. It is very important that parents know that they do not have to give up, or relinquish, custody of their child and make their child a ward of the state in order for the county to pay for treatment. The steps that are required to place a child in residential treatment are complicated. Please read the next sections of this booklet carefully to fully understand your rights and responsibilities as a parent.

Another item parents need to know is that if public or government funds are used to pay for the care, you will be required to pay a fee or co-payment that is based on your income, and it can be quite high. Be sure to ask what the fee will be. Every county uses a different schedule. Know that you can appeal the fee if you believe it is too high and does not take into account other family medical expenses.

LEGAL ISSUES

When the county is going to pay for any portion of a child's care, parents will need to go through a voluntary foster care process and sign an agreement with the county. Some counties require a voluntary foster care agreement for any child who has case management, even if the county is not paying for residential treatment. When a county agency is involved in decision making regarding a child not living with a parent, the county must have legal authority for the placement, care and supervision of the child. That legal authority is granted through a voluntary foster care agreement and court order. Legal authority for placement, care and supervision is different than legal custody and all other parental rights. Legal custody of the child remains with the parents unless they *willfully fail or are unable* to make decisions in the child's best interests.

The county will also look at whether the treatment outside of the home is “medically necessary care.” Generally this means health care services that are appropriate, in terms of type, frequency, level, setting, and duration, to the child’s diagnosis or condition, and diagnostic testing and preventive services. Medically necessary care must help restore or maintain the child’s health or prevent deterioration of the child’s condition.

Voluntary Foster Care Agreements

Voluntary foster care agreements are required as the “legal authority” for a county to place a child with an emotional disorder or developmental disability. Under the law, *foster care* is a broad term that includes all types of residential treatment, including foster care, group homes, emergency shelters and residential facilities. It does not include hospitals, inpatient chemical dependency treatment facilities or correctional facilities.

Provisions regarding the placement of children with developmental disabilities or emotional disturbances are addressed in a law called, *Child in Voluntary Foster Care for Treatment*, (Minnesota Statutes 260D). This law:

- Establishes voluntary foster care agreements as a way to provide out-of-home treatment for a child with a developmental disability or a mental illness;
- Establishes court reviews for a child in a voluntary placement;
- Establishes the ongoing responsibility of the parents as legal custodian to visit the child, plan for and make treatment decisions, and obtain the necessary medical, dental and other care for the child; and
- Applies the new law when the child’s parent and the agency agree that the child’s treatment needs require foster care due to a level of care determination.

The purpose of the law is to:

- Make the child’s safety, health and best interests the paramount consideration in all proceedings;

- Ensure that children with developmental disabilities or emotional disturbances are provided services necessary to treat or ameliorate the symptoms of the child's disability;
- Preserve and strengthen family ties, approving placement away from the parent's home only when the child's need for care and treatment require it and the child cannot be maintained in the parent's home;
- Ensure that the legal custody of the child and associated decision-making authority remains with the parent; and
- Support the rights and obligations of parents to plan for their child.

This law is to be used if a child with an emotional disturbance or developmental disability needs foster care (residential treatment) and there is no need for child protection involvement.

If county funds or fee-for-service Medical Assistance are being used to pay for treatment (or in some situations simply because the county provides case management), before a child is placed for treatment, the county must determine if the child meets the definition of a child with an emotional disturbance or developmental disability. Then the agency and parent must agree that the child's treatment needs require foster care based on an assessment using an approved and validated tool (CASII). Counties have what is called a screening meeting to determine if the child qualifies for and needs residential treatment. Parents are encouraged to attend this meeting to be sure that their voice is heard. Not all counties allow parents to attend these meetings. If the county decides that the child does not need residential treatment then parents can appeal that decision.

For a child on a Prepaid Medical Assistance Plan (PMAP) rather than regular fee-for-service Medical Assistance, residential treatment was recently added as a covered service. In these situations the health plan (PMAP plan) will determine medical necessity in addition to the county determining whether the child needs residential treatment. Parents should ask the health plan for an expedited review of medical necessity so the decision will be made in 72 hours instead of 10 business days. The health plan will assign someone

to work with you and will contact the county so that a screening meeting can be scheduled and held. The county screening team and the health plan must both approve the placement. If either the health plan or county decide that a child doesn't need residential treatment, parents can appeal the decision.

Once everyone agrees that residential treatment is appropriate for a child, parents and the county will sign a voluntary foster care agreement (VFCA). The agreement, which is on a form required by the Minnesota Commissioner of Human Services, will include a list of the rights and responsibilities of the parents. It states that parents keep legal custody of their child and that parents agree to place their child for the purpose of care and treatment. It states that the county has agreed to provide or authorize supervision of the child while in treatment. A copy of the form is included in the back of this booklet.

The county needs the "legal authority" to place a child, which is different than a parents' legal authority to make decisions for and about their child. Parents will continue to have legal custody of their child unless they willfully fail or are unable to make decisions in their child's best interest and there is clear and convincing evidence that their child is in need of child protection services. A parent disagreeing with the county's choice for treatment is not a reason for taking legal custody from the parent.

The agreement also includes a promise that parents will participate in the development of the out-of-home placement plan, carry out their responsibilities in it, participate in the development of the treatment plan, visit and keep in touch with the child, cooperate with the county to figure out the fee, provide health insurance information to the county, arrange for or participate in the child's routine medical care, and authorize the appropriate agencies to have access to the child's educational and medical records. Both parents and the agency must sign the agreement.

It is important to know that any information parents share with the county can be used later if the county believes that it needs to conduct

a child protection assessment. There are words used in the mental health system that mean something different in the child protection system. For example, families are often told by mental health professionals to say that they can't "keep their child safe" in order to obtain treatment. But this phrase can be misinterpreted in the child protection system to mean that your child is in need of protection. Families need to use terms such as "treatment" or "danger to self or others" instead of "safety." In any agreement that parents sign, be sure that the stated purpose of the child going into out-of-home placement is for treatment for their behaviors, which are symptoms of their illness.

Parents and the county will then develop an out-of-home placement plan (OHPP) before the child goes into foster care, or at least within 30 days of the child going into foster care. This plan has information in it about the placement, how that placement will meet the child's treatment needs, the reasons for placement, the services offered and requested to prevent placement, and how parents will visit their child (including how the county will help parents do that if a parent needs help). It also authorizes sharing of health and education records and sets out the specific services the child should have to meet their mental health care needs and what the treatment outcomes will be. Parents will want to read this agreement carefully, especially the section on what services were offered to prevent placement. Make sure that the plan reflects why the services that were offered were not appropriate, adequate or effective.

Children age 12 or over have the right to be involved in the out-of-home placement plan. They also have the right to disagree with the facility or services provided under the plan and have that information be included in the county's report to the court.

Once a child is placed in the facility, parents will work with the staff to develop an individual treatment plan. Parents have the right and responsibility to be involved in developing the treatment plan.

The county agency then conducts an administrative review of the out-of-placement. Then a report is sent to the court which includes

information such as the facts that led to the child needing foster care, basic contact information, the name of the facility or foster home, a copy of the out-of-home placement plan, a written summary of the administrative review, a copy of the individual treatment plan or service plan for the child, a report of any disagreement by a child age 12 or over, and any other information that a parent or treatment provider wishes to include. This report is due by the 165th day the child has been in placement.

Parents, the child and the foster care provider should receive a notice from the county agency of:

- The requirements of the report and the date it was received;
- The right to submit information that a parent/caregiver would find helpful or necessary to understand and plan for the child's treatment; and
- That there will be no hearing unless the parent or the agency requests it.

If no hearing is requested, the judge then reviews the report and makes a decision about continuing with the placement within ten days. The decision includes if the placement is in the child's best interest, whether the parent and agency are appropriately planning for the child, and whether children age 12 or over have appointed counsel or a guardian ad litem.

When a child has been in foster care for 13 months, or 15 out of the last 22 months, the child's situation is reviewed. At this point parents should be aware that they may have to go to court if their child needs to remain in the foster care setting to receive treatment. The county agency must review the voluntary foster care agreement and 1) terminate the voluntary foster care agreement and return the child home; 2) determine that there are compelling reasons to continue the voluntary foster care agreement and seek court approval or 3) file a petition to terminate parental rights.

When the county determines that the child should remain in the placement, and neither termination of parental rights or returning the child home is in the child's best interest, it must write down the

compelling reasons why this is in the child's best interests. While there is nothing listed in the law, compelling reasons could include things such as there are no real grounds to terminate parental rights, the child must be in placement to access appropriate treatment, the child's individual treatment needs cannot be met in the home and the parent continues to be involved in planning for child and maintains contact with child.

When the agency seeks court approval to continue the child in the foster care placement because there are compelling reasons, they file a petition called "The Petition for Permanency Review Regarding a Child in Voluntary Foster Care for Treatment." It is drafted by the county attorney. The petition includes:

- the date of the voluntary placement agreement
- whether it's due to a developmental disability or emotional disturbance
- the plan for the ongoing care of the child and the parent's participation in the plan
- a description of the parent's visitation and contact with the child
- the date of the court finding that voluntary placement was in the child's best interests
- the agency's reasonable efforts to finalize the permanent plan for the child including returning the child to the family
- the basis of the petition – 260D
- an updated copy of the out-of-home placement plan

The court then sets a date for the permanency review hearing, no later than 14 months after the child has been in placement or within 30 days of the date the petition was filed. Parents will receive a notice in the mail about the hearing. Be sure to read all the documents, including the petition, the out-of-home placement plan and the treatment plan.

Court hearings can be scary. Knowing what to expect can help. At the hearing the judge will ask the parents if they have read the "The Petition for Permanency Review Regarding a Child in Voluntary Foster Care for Treatment." The judge will also ask if the parents are

satisfied with the county agency's efforts to finalize the permanent plan for the child including whether there are services available and accessible to the parent that might be able to allow the child to live at home safely, and will ask if the parents agree with the county's determination that there are compelling reasons why the child should continue in the voluntary foster care arrangement.

Essentially, the judge wants to make sure that the parents think their child needs to remain in treatment and that it's because of the child's needs not because the county has refused to offer appropriate community and family supports in order for the child to come home.

The judge will also ask the child's guardian ad litem and any other party if they also agree with continuing the child in foster care. A child age 12 or older can object to remaining in foster care and be heard at this hearing.

The judge then will make a decision to either approve continuing the voluntary foster care agreement or to not approve it. If the judge does not approve it, then the child is returned to the care of the parent or the county agency can file a petition to terminate parental rights. If the judge does approve it then the child continues in foster care and his or her placement is reviewed every 12 months.

Every 12 months, the court then has to determine whether the agency made reasonable efforts to finalize the permanency plan for the child, which means the county agency has worked to:

- (1) ensure that the agreement for voluntary foster care is the most appropriate legal arrangement to meet the child's safety, health and best interests;
- (2) engage and support the parent in continued involvement in planning and decision making for the needs of the child;
- (3) strengthen the child's ties to the parent, relatives and community;
- (4) implement the out-of-home placement plan and ensure that the plan requires the provision of appropriate services to address the physical health, mental health and educational needs of the child; and

- (5) ensure appropriate planning for the child's safe, permanent and independent living arrangement after the child's 18th birthday.

These reviews are all required by federal and state law. The purpose is to ensure that children don't languish in foster care or residential treatment. That is why parents will see the emphasis on the child's ties to the family. It is very important that parents carefully and fully document their efforts to communicate, contact and visit with their child.

Legal Timeline

Even though this is a voluntary process, because of the type of funding used and federal law, the court maintains oversight. Here is what happens:

By day 1: A child enters voluntary placement due to a developmental disability or emotional disturbance, and a voluntary placement agreement is signed on the day of placement.

By day 30: An out-of-home placement plan is developed by the county with the parents and their child.

Prior to day 165: The county conducts an administrative review of the out-of-home placement plan. People reviewing the plan should include appropriate people, including one person who is not directly responsible for case management. The review is open to the parent and child as appropriate.

By day 165: The county files a report with the juvenile court that includes the out-of-home placement plan, the individual treatment plan, individual service plan, and any information the parent, the county agency or the facility wants the court to consider and any disagreement a child 12 or over has with the plan. All parties must be informed of their right to be heard by the court, but no hearing is required unless requested.

By day 175: Based on the report and information provided by the parent, the child and the facility, the judge determines if voluntary placement is in the child's best interest and whether the parents and the county are appropriately planning for the child. The judge will look at whether the placement is in the child's best interest and if the parent and the agency are planning for the child's return home. If the child is over age 12 and disagrees with the placement, the judge could appoint a guardian ad litem at this point. A guardian ad litem is an advocate for children who gathers information and makes recommendations to the court regarding the best interests of a child.

By month 13 (or if the child has been in placement 15 out of the last 22 months): A county attorney must petition the court for a permanency review. Federal and state laws require that the agency ask the court to do one of three things at this point: 1) terminate the placement agreement and return the child home; 2) terminate parental rights; or 3) continue the child in placement because there are compelling reasons to do so. If there are compelling reasons to continue the child in placement, options 1 and 2 are unnecessary.

By month 14: At the review hearing, parents will be asked if they have read the petition, believe it is accurate, agree that foster care is in the child's best interest and are satisfied with agency efforts to provide services that could bring their child home. The judge also will ask if the child's guardian ad litem agrees that the court should approve the agency's efforts to reach a permanent plan for the child and its determination that continued voluntary foster care is in the child's best interests.

The judge may then agree with the county's determination that there are compelling reasons to keep the child in treatment and grant the petition to continue the child in placement. If the judge does not approve the voluntary agreement, he or she will dismiss the petition. In that case, the child must then be returned to care of the parents, or the agency must file a termination of parental rights petition or a petition that requests permanent placement of the child away from the parent by court order.

After month 14: When the judge approves the agency's compelling reasons for the child to continue in voluntary foster care for treatment and finds that the agency has made reasonable efforts to finalize a permanent plan for the child, the court approves the continued voluntary foster care arrangement. The court also retains jurisdiction over the matter so it can review the child's placement every 12 months while the child is in foster care. The court's approval of the continued voluntary placement means the county agency has continued legal authority to place the child.

By months 26 +: The court must review the placement every 12 months. In the annual review, the court again looks at whether the placement is appropriate, whether the county has engaged and supported parents in the planning and decision making, whether the child's ties to the parents, other relatives and the community are strengthened and whether the family is following the out-of-home placement plan.

RESIDENTIAL TREATMENT PROGRAMS

Admission

Children are often referred to the treatment facility by an agency. When a referral has been made, an intake screening will be completed. This may happen over the phone or as an interview with the child and family at the treatment facility. The intake screening process will determine if the facility is the appropriate place for the child, identify and coordinate the admission process, secure placement for the child and work to coordinate information between parents, referring parties and agencies.

Admissions is the process of gathering medical records, school records (including evaluations and special education services, if appropriate), juvenile justice system records and reports from outpatient treatment facilities and agencies involved with the child's current treatment or care. The admissions process may also include a thorough assessment of your child's functioning levels to help develop an initial treatment plan.

A treatment plan is a written document, with input from and agreed to by parents, the child, agencies and the facility, that describes the child's needs, the goals of treatment and documented progress, and identifies a time limit to address the concerns of the family and child. Parents should be involved in planning, developing and monitoring their child's treatment plan. The plan is a working document, so it should be updated and changed during the course of treatment as the child's needs change. The treatment plan should include a thorough diagnostic assessment to help identify the child's functioning levels and set specific goals and interventions developed to address mental health symptoms and improve the child's level of functioning.

Before or soon after a child is admitted, the facility will need to gather information from parents and any county or other treatment providers that may be involved. Be prepared to sign releases of information for other providers and to provide information, including:

- Your child's name and nickname(s)
- Your address and contact information
- Your child's race or cultural heritage and any languages the child speaks and writes
- A description of presenting problems, including medical problems, circumstances leading to admission, mental health concerns, safety concerns including assaultive behavior, and victimization concerns
- A description of your child's assets and strengths
- School information
- Spiritual or religious affiliation
- The placing agency's case plan goals for your child

Before or soon after admission, the facility is required to conduct several different screens if they have not already been completed. Required screenings include a health screen (including any history of abuse and vulnerability to abuse, potential for self-injury, current medications, and most recent physician's and clinic's name, address and telephone number), mental health screen, educational screen, substance abuse screen, cultural screen and sexually abusive behavior and vulnerability screen. The facility

must also find out if there any needs related to the child's gender, such as a history of abuse that might require staffing adjustments.

Parents have the right to be involved in the development of the plan for their child during their stay at the facility. The program staff should include the family in determining the treatment goals and the outcomes expected for your child, including what kind of skills they will work on so your child can return home. Regular meetings to review your child's progress will be scheduled, and you and county workers will be invited to participate.

Services Provided

A certified mental health residential facility must offer a specific set of services, including:

- Individual, group and family therapy psychotherapy that are designed to achieve the outcomes and meet the specific requirements of the resident's individual treatment plan and, when possible, help the resident reintegrate into their family, the community and a less restrictive setting than residential treatment.
- Crisis assistance services designed to help the resident and family members recognize factors that precipitate a psychiatric crisis, anticipate behaviors and symptoms, and know the resources to use when a crisis is imminent or occurs.
- Medication education designed to help the resident and family members understand the role of psychotropic medication in the resident's treatment, the effect the medication may have on the resident's physical and mental health, and the physical, emotional and behavioral changes that may result from the resident's use, misuse or refusal to use prescribed psychotropic medications.
- Instruction in independent living skills designed to strengthen a resident's ability to function in a less restrictive environment than a residential treatment center. The services must support the resident in carrying out the tasks of daily living, encourage the development of self-esteem and promote self-sufficiency.
- Recreation, leisure and play activities to help the resident develop recreational skills and to help the resident and their

family learn how to plan and participate in recreation and leisure activities.

- Social and interpersonal skills development to help the resident develop and maintain friendships and to communicate and interact appropriately with peers and adults.
- Vocational skills development services designed to prepare the resident for the world of work by exploring the importance of such areas as use of time, acting responsibly and working within the goals of an organization.
- Parenting skills designed to help parents learn therapeutic parenting techniques that address management of specific behaviors or learning issues directly related to or resulting from the resident's emotional disturbance.
- Family support services designed to help family members gain insight into family dynamics and resolving conflicts, and develop broader family support, family goals and improved family coping skills.

Rights of Residents

Every facility is required to guarantee basic rights of its residents. A resident has the right to:

- reasonable observance of cultural and ethnic practice and religion;
- a reasonable degree of privacy;
- participate in development of the resident's treatment and case plan;
- positive and proactive adult guidance, support and supervision;
- be free from abuse, neglect, inhumane treatment and sexual exploitation;
- adequate medical care;
- nutritious and sufficient meals, and sufficient clothing and housing;
- live in clean, safe surroundings;
- receive a public education;
- reasonable communication and visitation with adults outside the facility, which may include a parent, extended family members, siblings, a legal guardian, caseworker, attorney, therapist, physician, religious advisor and case manager in accordance with the resident's case plan;

- daily bathing or showering and reasonable use of materials, including culturally specific appropriate skin care and hair care products, or any special assistance necessary to maintain an acceptable level of personal hygiene;
- access to protection and advocacy services, including the appropriate state-appointed ombudsperson;
- retain and use a reasonable amount of personal property;
- courteous and respectful treatment;
- be free from bias and harassment regarding race, gender, age, disability, spirituality and sexual orientation;
- be informed of and to use a grievance procedure; and
- be free from restraint or seclusion used for a purpose other than to protect the resident from imminent danger to themselves or others, except for the use of disciplinary room time, which is only allowed in correctional facilities.

Facilities are required to have “no eject policies,” meaning that a child cannot be discharged before the treatment goals have been reached unless there has been a review by all those interested – including the parent. The review must take place within five days of the decision to discharge the child to determine whether additional strategies could be used to resolve the issue and keep the child in the facility. If your child is in residential treatment, the treatment team must develop a discharge plan and notify you, the school and the county case manager at least 10 days before discharge. The plan should include arrangements for follow-up care in the community. If you have concerns about the residential facility complaints can be made to the Department of Human Services Licensing Division, the Department of Health Office of Health Facility Complaints, Department of Corrections or the Ombudsman for Developmental Disabilities and Mental Health.

Staying Involved

Saying goodbye and leaving your child at a treatment facility can be emotional and overwhelming for most families. It isn't easy for your child either. Staying involved in your child's care requires communication and effort. Families need to understand how they can be involved in all phases of the treatment program, including

intake screening, admissions, treatment plans, progress reports, home visits, discharge plans and policies of the treatment facility.

A child's mental illness can impact how a family functions. Family therapy is important and can help families rediscover their strengths and learn new ways of supporting their child. Siblings can have conflicted feelings about their brother or sister. Family therapy can help mend those relationships and provide opportunities for all family members to support each other. The residential facility will work with you to schedule family therapy at times that are convenient for your family. If weekly sessions are too difficult due to distance, the facility can arrange for monthly or bi-weekly sessions.

Regular contact between parents and their child while the child is in placement helps keep the family connected and strengthens it. It is important to also maintain close contact with the staff. Parents should:

- Schedule regular meetings and phone conferences with your child's treatment team, including the therapist and other staff members who regularly have contact with your child.
- Visit regularly with your child. If distance prevents you from visiting regularly, you should establish a regular schedule of phone calls and request weekly or biweekly phone calls or written reports from the therapist and teacher. The county can help you arrange visits with your child if you do not have transportation.
- Provide preaddressed envelopes or postcards for your child to write letters to family and friends. Be sure to ask about technology options: Does your child have access to a computer at the facility to help them have regular contact?
- Establish communication with the treatment team. You should provide them with dates you want reports sent and what information you want included. Let them know the best way to communicate with you (e-mail, mail, phone, fax, etc.)
- Schedule frequent home visits when appropriate.

Home visits provide an opportunity for the parent and child to practice new skills and will help the child reintegrate back into the family so they can be prepared to live in a less restrictive setting as

soon as possible. Parents should communicate with staff about what happened on the visit. Did you see improvements in how your child functions with other family members? Were there any behavioral concerns? What triggered the behaviors?

Because the court reviews what type of involvement parents have had with their child while they are in treatment, we recommend recording in a journal each time you call, write or visit. Parents want to make sure that they can show the court that they care about their child and have tried to maintain contact. Some families keep a file with copies of the agreement, reports, all the plans, a phone log, etc., so it is all in one place.

PLANNING FOR YOUR CHILD TO COME HOME

Discharge Planning

When your child's treatment is nearing completion, you will want to be involved in the discharge planning process. The focus of the discharge plan is to include the involvement of family, extended family, kin and community supports. It should include meetings with parents, the child, the treatment team, case managers, agencies and the school district. The family can be involved in helping decide the appropriate services and supports needed at home, school placement and involvement with agencies.

Ideally, the family, county and treatment facility will all agree that the child is ready to return home, but the placement can be terminated by any of the parties.

In some situations, parents will want to terminate the voluntary foster care agreement either because the child is ready to come home or because the parent would like the child to go to a different residential facility. To do so, parents must put that request in writing to the county.

If the county wants to end the agreement, it must contact the parents about transition planning and send parents a notice in writing about their desire to terminate the agreement. Transition planning or planning for the child's return home, includes

establishing a scheduled time for the child to return home, an increased visitation plan between the parent and child, and a plan for what services will be provided and in place upon the child's return home.

Once a parent receives a notice of termination, the parents, facility and county must come up with an agreed-upon time for ending the agreement that is not less than 72 hours or more than 30 days, unless everyone agrees otherwise. If you disagree with the county's proposed termination of the placement, you have a right to a hearing before an appeals referee with the Minnesota Department of Human Services. The notice from the county should include your right to a hearing and how to appeal the decision. The placement, if funded by Medical Assistance, must continue until the department makes a decision on the appeal. No matter who seeks to terminate the agreement, the county must provide transition planning. The notice to terminate the agreement doesn't terminate the agreement. The agreement stays in place until the child is returned home or is ended by court order.

Before your child comes home, you might want to do the following:

- Several months before your child is to be discharged, you should request meetings with staff to discuss and plan for what will need to be in place before your child comes home; for example, intensive case management, CTSS services, personal care assistance (PCA), in-home services, respite care and school placement. It is in these meetings that you can determine what role you need to play in arranging or setting up aftercare services and what the staff will do.
- Plan for your child's school program and make sure that it will be in place.
- Visit the school and talk to your child's teachers.
- Make sure the school classroom offers an appropriate program for your child.
- Request an individualized education plan (IEP) conference if your child requires a special education program or a 504 plan if your child needs accommodations in the classroom.

- Set up a support system for yourself, your child and other members of the family.
- Encourage an open dialogue between your child and the rest of the family about the difficulties of getting used to each other again. Talking things out can help ease some of the tensions.
- Contact agencies and services such as social workers, mentoring programs and in-home behavior therapists that can provide services and supports.
- Create a detailed safety plan with your child’s entire treatment team. The plan should include triggers that tend to escalate your child’s behaviors, tips for avoiding those triggers and what to do when your child becomes escalated and needs help to calm down. Share the safety plan with your child’s personal care attendants, case manager, school, therapist, doctors, the police and the county’s Crisis Response Unit, if necessary. Having a good safety plan is a proactive way to anticipate and address a crisis before it happens.
- Find out what kind of aftercare is available from the treatment program, especially if you live near by.

Bringing your child home can raise many questions for you, including: Will I be able to obtain the in-home services necessary to support my child? Will I be able to prevent my child from hurting themselves or others? Will my child be mad at me? What will “normal” be? These are all typical questions that many parents ask themselves. Talk to the treatment facility and other parents to find answers to these and other questions.

Putting Services into Place

When your child has been living in a facility and visiting on weekends, the transition to living at home full-time can be difficult for both your child and your family. Your child has been accustomed to living in a highly structured group environment, and your family has adjusted to living without that child in the house. You may want to consider bringing additional support into your home as your child and family make this adjustment. Ongoing family therapy can be very helpful during this transition time.

Several types of support, many of which were mentioned earlier, may be available to help your family. Work with your county case manager and health insurance company to obtain the services your child will need to do well at home:

- **Children’s Therapeutic Services and Supports:** These services are funded by state health care programs and some private insurance. They may provide individual, family and group psychotherapy; individual, family or group skills training; crisis assistance; and mental health behavioral aide services. These services are provided most frequently in the family’s home, child’s school or other community settings.
- **Home and community-based waivers:** These services are available through publicly funded health care programs. Medical Assistance will pay for some medical health-related services provided to children in their home. These services can include short-term care for children who are moving from out-of-home placement back to their home and long-term care to children with ongoing needs. Children with mental illness who need certain levels of care may qualify for help with daily living activities, case management, counseling and more. Most often, children may qualify for what is called the CADI waiver.
- **Parent education:** Learn about your child’s illness. Document what stimuli can trigger your child to become escalated and develop a plan to support your child so they can remain calm. Educate your child’s treatment team so they can lend support as well. Parenting a child with mental illness is not a do-it-yourself project. Enlist the help of everyone involved in your child’s life to ensure that your child is supported appropriately at home, at school and in the community. Attend a class provided by the National Alliance on Mental Illness of Minnesota (NAMI) or the Minnesota Association for Children’s Mental Health (MACMH). By doing so, you give your child every chance to be successful at home and minimize the risk that they will need to return to residential treatment.

- **Personal Care Assistance Program:** This program provides assistance for children with disabilities on Medical Assistance (Minnesota's Medicaid program). It is designed to support children who need assistance with daily activities to live and work in their community. Personal care assistants can help with transportation, participation in community activities including employment, and redirection and intervention for behavior, and they can help provide consistency in family rules and activities.
- **Respite care:** This type of support gives families a break from caring for the child by bringing a caregiver into the home or placing the child in another setting. A trained respite provider may be another parent or professional who takes care of the child for a brief time. Respite care reduces the stress of caring for a child with mental illness and may help to prevent out-of-home placement. If a child receives case management (called Rule 79) then he or she will be eligible to receive respite care through funds from the state that are provided to many (but not all) counties. These funds can pay for traditional and nontraditional respite care such as summer camps, etc.
- **Support groups:** These groups offer parents a way to connect to other families that have children with mental illness. Coordinating care for your child as they return home from residential treatment is exhausting and very time-consuming. Support groups give you a way to help take care of yourself. At a support group, you can meet other parents with similar experience and benefit from the support they give you. You also have a chance to support others who may be experiencing a situation you have already been through. By networking in these ways with other families, you create more support for yourself and your child, and increase your family's chance of staying together.

IF YOU DISAGREE

If you disagree with a decision to deny residential treatment, you have the right to appeal to the agency that made the decision. For

example, if the health plan disapproved treatment, you will need to appeal that decision to the health plan. You can also contact the Minnesota Department of Health, Minnesota Department of Commerce and the Minnesota Attorney General's Office if you have a complaint about your health insurance, or the U.S. Department of Labor for self-insured plans. If the county denies treatment, you will need to file an appeal to the state. If the treatment plan created by the treatment facility is not what you think is best for your child, you will need to meet with facility staff. If the county or health plan decides to terminate residential treatment but your child has not completed treatment and the program believes that more treatment is needed, you have the right to appeal. If the treatment is funded in part by Medical Assistance and you appeal before the discharge date, you have the right to have treatment continue pending the outcome of the appeal. Everyone should give you written instructions on how to appeal decisions made by the county or the health plan.

OTHER RELEVANT LAWS

The **Minnesota Comprehensive Children's Mental Health Act of 1989** was created to establish a mental health system of care that is comprehensive, unified and accountable. It was designed to effectively and efficiently meet the mental health needs of children. This act also mandated that each county develop a system of affordable and locally available children's mental health services.

The Minnesota Legislature in 1993 authorized **Children's Mental Health Collaboratives** to create a system of care that coordinates children's mental health services with counties, schools, community-based organizations, local mental health providers and the juvenile justice system. It established an integrated system of services for families and children. The collaboratives recognize that children with mental illnesses require services from several different providers and systems. The counties work in collaboration with local community providers and agencies to create locally appropriate and culturally competent service systems.

For children, it is important that parents are at the center of a team that integrates special education, juvenile justice and child welfare services with informal and natural supports. These collaboratives typically identify needs and service gaps in the system of care, and then plan and coordinate services. The collaborative partners then put together staff, money and other resources to provide a local integrated-service model that coordinates services and resources in the community. Parents are an instrumental part of this team, helping guide providers and agencies to collaborate and coordinate services and supports. The goal of the collaboratives is to create a better system of care for children with mental illnesses.

The intent of these children's mental health collaboratives is that children with mental illnesses and their families receive **wrap-around** services and family supports. *Wrap-around* is a method of delivery that centers services and supports around the family. It is designed to allow creative solutions to meet the needs of the child who is receiving services from multiple systems and to ensure that all systems involved in the child's care coordinate services. This avoids duplication of services and focuses the services around the family and child's needs. Few counties in Minnesota formally support wrap-around services. Most families receive informal wrap-around supports through a team of providers and local agencies.

The **2007 Mental Health Initiative** was developed to improve health care for children and adults with mental illness. Passed by the 2007 Legislature, the initiative was based on the recommendations of the Minnesota Mental Health Action Group and Governor and includes \$34 million in new investments to continue improving the accessibility, quality and accountability of publicly funded mental health services. It includes new improvements based on recommendations from individuals living with mental illnesses, advocates, family members, counties and providers. More information about the initiative can be found at the Minnesota Department of Human Services web site, Children's Mental Health Division web site: www.dhs.state.mn.us/cmh.

The **Indian Child Welfare Act** (ICWA) is a federal law that regulates placement proceedings involving Indian children. The act says that whenever an American Indian child is removed from his or her family, active efforts must be made to prevent the breakup of the Indian family. The voluntary foster care agreement law may be applied differently for Indian children.

Parents want to be involved in the care and treatment of their minor children. However, some minor children can consent to and receive mental health services, including emergency treatment, without parental consent. The **Minnesota Consent of Minors for Health Care** statute allows minor children to consent to medical, mental or other health services. It also allows any person 16 years or older the right to request informal admission to a treatment facility for observation or treatment of mental illness, chemical dependency, diagnostic evaluation and emergency or short-term acute care. It also means that a child can refuse to accept, or sign themselves out of, treatment. Some counties apply the commitment law to teenagers ages 16 and 17, providing all the due process requirements. Other counties may allow parents to consent to treatment, use the juvenile courts or even use CHIPS petitions for 16 and 17 year olds who are refusing treatment.

Parents have access to their minor children's medical records, unless the minor legally consents to services specifically listed under the Consent of Minors for Health Care Statute. In that case, parents or guardians do not have access to the minor's health care records without the minor's authorization. However, if a health professional believes that it is in the best interest of the minor, the health professional may inform the minor's parents of the treatment. A minor who consents to health services is financially responsible for the cost of the services.

The **Adoption and Safe Families Act of 1997** amended **Title IV-E of the Social Security Act** with the goal of promoting the safety, permanency and well-being of children in foster care, accelerating the permanent placement of children and increasing

the accountability of the child welfare system. This federal law requires each state to pass its own laws that require:

- Periodic review and individualized case planning for each child;
- A permanency hearing by month 14 when children are in voluntary foster care (In Minnesota, there is a requirement that a Permanency Review petition be filed by month 13); and
- A termination of parental rights petition be filed when a child is in placement 15 of the past 22 months, **unless** the court finds compelling reasons to continue the placement, including having no grounds to terminate the parental rights.

In Minnesota, generally, the court will approve the agency's "compelling reasons" because when a child is in voluntary foster care to access treatment:

- the child is in voluntary foster care to access treatment;
- the child's treatment needs cannot be met at home; and
- the parents continue to be involved in planning for the child and maintain contact with the child.

Thus, the act allows children in placement due to a developmental disability or an emotional disturbance to continue in foster care on a voluntary basis past 14 months when there are compelling reasons.

RESTORING LEGAL CUSTODY

When your child is in placement due to a developmental disability or emotional disturbance and there are no child protection issues attributable to you, legal custody of your child should be with you.

If the county has legal custody of your child and the transfer of legal custody happened prior to the 2008 law, through the language of a voluntary placement agreement (now called a voluntary foster care agreement) or the out-of-home placement plan, you may want to:

- Make the case worker aware of the provisions in Minnesota Statutes, Chapter 260D that make the voluntary foster care agreement the vehicle for placing children with developmental disabilities or emotional disturbance. You should request that the voluntary foster agreement or out-of-home placement plan

be changed to restore legal custody to you.

- Delete any language relinquishing custody or otherwise transferring legal decision-making authority from the next updated out-of-home placement plan before you agree to sign it. This document must be updated before each court review.
- Ask the court to modify the out-of-home placement plan when it reviews the plan to return legal custody to you.

Where a court has ordered a transfer of legal custody under CHIPS jurisdiction, Minnesota Statutes, Chapter 260D and the Minnesota Rules of Juvenile Protection provide a means of returning legal custody to you. You and the county agency may enter into a voluntary foster care agreement. The agency must then file a motion to terminate the court's CHIPS jurisdiction and vacate the placement order and transfer of custody.

Take a copy of this booklet with you to give to your caseworker or the judge, in case they are not aware of the changes in law.

COMMON TERMS

Here are definitions of some common terms, including the definitions used in the voluntary foster care for treatment law, 260D, which are underlined.

Adjudication – the process of rendering of a decision on a matter before a court.

Case plan – any plan for the delivery of services to a child and parent, or when reunification is not required, the child alone, that is developed according to the requirements of sections 245.4871, subdivision 19 or 21; 245.492, subdivision 16; 256B.092; 260C.212, subdivision 1; 626.556, subdivision 10; and Minnesota Rules, parts 9525.0004 to 9525.0016.

Chemical dependency treatment services – therapeutic and treatment services provided to a resident to alter the resident's pattern of harmful chemical use.

Child in voluntary foster care for treatment – means a child who is emotionally disturbed or developmentally disabled or has a related condition and is in foster care under a voluntary foster care agreement between the child’s parent and the agency due to concurrence between the agency and the parent that the child’s level of care requires placement in foster care either:

- (1) due to a determination by the agency’s screening team based on its review of the diagnostic and functional assessment under section 245.4885; or
- (2) due to a determination by the agency’s screening team under section 256B.092 and Minnesota Rules, parts 9525.0004 to 9525.0016.

A child is not in voluntary foster care for treatment under this chapter when there is a current determination under section 626.556 that the child requires child protective services or when the child is in foster care for any reason other than the child’s emotional or developmental disability or related condition.

CHIPS petition – any reputable person or the county human services agency that has knowledge of a child who appears to be in need of protection or services or is neglected and in foster care is empowered to petition (request) that the court intervene on a child’s behalf. At the initial hearing, the court will decide whether the petition has sufficient merit to proceed. The final hearing on the CHIPS petition is called a disposition hearing. At this hearing, the court will decide whether the facts merit a finding that the child is in need of protection or services and will issue relevant orders as to what will be done with the child.

Children’s therapeutic services and supports (CTSS) – a set of services (therapy and skill development) designed to address problems in functioning due to a mental illness.

Compelling reasons – The agency may determine compelling reasons when the child is in foster care for treatment and no grounds to terminate parental rights exist because the child must be in placement to access treatment, the child’s individual treatment

needs cannot be met in the child's home or through community-based care, and the parent continues to be responsible for planning together with the agency for the child's needs and maintains appropriate contact with the child.

Court – means juvenile court

Correctional program services – often ordered by the court, these include programs or services that use services, consequences and discipline to control or modify behavior. Correctional program services are provided to youth who are at least 10 years old but younger than 21 years old.

Day treatment – a year-round program designed to provide therapeutic services such as individual and group therapy and skill development services to children and adolescents whose mental illness interferes with their participation in their community but are not so severe that the children require placement in a hospital program. Many day treatment programs offer an educational component. Children and adolescents ages 5 to 17 may be appropriate for this program in lieu of regular school placement or as a transitional move from acute hospitalization or residential treatment.

Detention setting – a residential program offering temporary care to alleged delinquents with new charges or adjudicated delinquent residents with new charges who are at least 10 years old but younger than 21 years old before a court hearing.

Developmental disability – means developmental disability as defined in United States Code, title 42, section 6001(8).

Disposition – the court's order directing any of the parties (parent, child or county agency) to act regarding the placement, care or services to be provided to the child.

Emotionally disturbed or emotional disturbance – means an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that:

- (1) is listed in the clinical manual of the International Classification of Diseases (ICD-9-CM), current edition, code range 290.0 to 302.99 or 306.0 to 316.0 or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-MD), current edition, Axes I, II, or III; and
- (2) seriously limits a child's capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, school, and recreation.

“Emotional disturbance” is a generic term and is intended to reflect all categories of disorder described in DSM-MD, current edition as “usually first evident in childhood or adolescence.”

Foster care – means 24-hour substitute care for children placed away from their parents and for whom an agency has placement and care responsibility. Foster care includes, but is not limited to, placement in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities not excluded in this subdivision, child care institutions, and preadoptive homes. A child is in foster care under this definition, regardless of whether the facility is licensed and payments are made for the cost of care. Nothing in this definition creates any authority to place a child in a home or facility that is required to be licensed that is not licensed. Foster care does not include placement in any of the following facilities: hospitals, inpatient chemical dependency treatment facilities, facilities that are primarily for delinquent children, any corrections facility or program within a particular corrections facility not meeting requirements for Title IV-E facilities as determined by the commissioner, facilities to which a child is committed under the provision of chapter 253B, forestry camps, or jails.

Guardian ad litem – an individual appointed by the court to advise the court regarding the best interests of the child during court proceedings. The guardian ad litem may also represent children in custody actions where there are allegations of abuse or neglect, or in protective order proceedings.

Judicial – what is allowed and enforced by a court in a fair and impartial manner. Also refers to the functions of judges and the court.

Jurisdiction – the right and power over an individual or subject to interpret and apply the law.

Legal authority to place the child – means the agency has legal responsibility for the care and control of the child while the child is in foster care. The agency may acquire legal authority to place a child through a voluntary placement agreement between the agency and the child’s parent under this chapter. Legal authority to place the child does not mean the agency has authority to make major life decisions regarding the child, including major medical decisions. A parent with legal custody of the child continues to have legal authority to make major life decisions regarding the child, including major medical decisions.

Legal custody – the right to make decisions about a child such as decisions about medication, medical care, placement, services, use of isolation or restraint, education, discharge planning, and more.

Minor – an individual under 18 years of age.

Parent – means the birth or adoptive parent of a minor. Parent also means the child’s legal guardian or any individual who has legal authority to make decisions and plans for the child. For an Indian child, parent includes any Indian person who has adopted a child by tribal law or custom.

Partial hospitalization – a type of program used to treat mental illness or substance abuse. The patient continues to reside at home but travels to a treatment center for up to seven days a week. Provided by or in affiliation with a hospital, it focuses on the overall treatment of the individual, rather than purely on his or her safety, and is not a program used for people who are acutely suicidal. Partial hospitalization should not be confused with day treatment.

Petition – A civil pleading filed to initiate a matter in juvenile court, setting forth the alleged grounds for the court to take jurisdiction of the case and asking the court to do so and intervene.

Residential program – 24-hour-a-day care, supervision, food, lodging, rehabilitation, training, education, habilitation or treatment for a child outside of the child’s home.

Secure program – a residential program offered in a building or part of a building secured by locks or other physical plant characteristics intended to prevent residents from leaving the program without authorization.

TEFRA – funding that allows some children with disabilities who live with their families to be eligible for Medical Assistance without counting the parent’s income. However, parents pay a fee according to their income.

Title IV-E funding – a provision of the federal Social Security Act that provides protections and support for eligible children receiving foster care and adoption services. This law includes provisions for the partial reimbursement to counties for the cost of care.

Voluntary foster care agreement (VFCA) – required for children about to be placed in residential treatment, an agreement between the county and parents giving the county agency legal authority to place a child in residential treatment. This agreement does not require the transfer of legal custody.

ACRONYMS USED IN CHILDREN’S MENTAL HEALTH

ADHD	Attention deficit / hyperactivity disorder
ASFA	Adoption and Safe Families Act
CA	County attorney
CAFAS	Child and Adolescent Functioning Assessment Score
CASSP	Child and Adolescent Services System Program
CHIPS	Children in need of protection or services

CMHA	Minnesota Comprehensive Children’s Mental Health Act
CR	Custody relinquishment
CTSS	Children’s therapeutic services and support
DD/ED	Developmental disability / emotional disturbance
DHS	Department of Human Services
DSM-IV	Diagnostic and Statistic Manual of Mental Disorders
EBD	Emotional and behavioral disorders
EBP	Evidence-based practices
GAF	Global Assessment of Functioning
IEP	Individualized education program
IIIP	Individualized interagency intervention plan
ITP	Individual treatment plan
MA	Medical Assistance
MRJPP	Minnesota Rules of Juvenile Protection Procedure
OHPP	Out-of-home placement plan
PD	Public defender
PMAP	Prepaid Medical Assistance Plan
SED	Severe emotional disturbance
SSI	Social Security Income
TEFRA	Tax Equity and Fiscal Responsibility Act of 1962
TPR	Termination of parental rights
VFCA	Voluntary foster care agreement
VPA	Voluntary placement agreement
504 plan	Section 504 of the Americans with Disabilities Act

FEDERAL AND STATE RESOURCES

Federal Resources

www.nami.org	National Alliance on Mental Illness
www.samsha.org	Substance Abuse Mental Health Services Administration
www.nimh.org	National Institute of Mental Health
www.ed.gov	U.S. Department of Education
www.ssa.gov	Social Security Administration
www.ffcmh.org	National Federation of Families for Children’s Mental Health

www.bazon.org	Bazon Center for Mental Health Law
www.ojjdp.ncjrs.org	Office of Juvenile Justice and Delinquency Prevention
www.aboutourkids.org	About Our Children
www.bpkids.org	Child and Adolescent Bipolar Foundation
www.chadd.org	Children and Adults with Attention-Deficit/Hyperactivity-Disorder
www.nctsn.org	National Child Traumatic Stress Network Center

State Resources

www.namihelps.org	National Alliance on Mental Illness of Minnesota
www.dhs.state.mn.us/cmh	Minnesota Children's Mental Health Division
www.macmh.org	Minnesota Association for Children's Mental Health
www.pacer.org	Parent Advocacy Coalition for Educational Rights
www.doc.state.mn.us	Minnesota Department of Corrections
www.education.state.mn.us	Minnesota Department of Education
www.health.state.mn.us/mcshn	Minnesota Children with Special Health Needs
www.mpln.org	Minnesota Parent Leadership Network
www.arcmn.org	Arc of Minnesota
www.ausm.org	Minnesota Autism Society
www.mccca.org	Minnesota Council of Child Caring Agencies

www.mndlc.org	Minnesota Disability Law Center
www.ombudmhmr.state.mn.us	Minnesota Ombudsman for Developmental Disabilities and Mental Health
www.mnasap.org	Minnesota Adoption Support and Preservation

VOLUNTARY FOSTER CARE AGREEMENT FORMS
Child in Voluntary Foster Care for Treatment Agreement
Minnesota Statutes, Chapter 260D

This is an agreement between the county social service agency and the child’s parent(s) when a child must be in foster care to receive necessary treatment for an emotional disturbance or developmental disability or related condition.

THIS AGREEMENT IS BETWEEN _____
(agency), an agency duly authorized by the state of Minnesota to place children in out-of-home care, (hereinafter called the “agency”), and _____ and _____, parent(s) of _____, residing at _____ (child’s address) _____, county of _____, Minnesota.

Placement

As the parent, I maintain (keep) legal custody of my child, and agree to place my child in foster care for the purpose of care and treatment. *The agency* agrees to provide or authorize supervision of your child who is placed in a licensed foster care home or licensed residential program.

Planning

As the parent, I agree to participate in the development of the out-of-home placement plan with the agency and keep the agency informed of where I live and how to contact me at all times.

The agency agrees to develop a written out-of-home placement plan with you and your child within 30 days of placement, review the plan as required, and provide you with a copy of the plan.

Services

As the parent, I agree to follow through with my responsibilities in the out-of-home placement plan, participate in treatment, case planning, and keep the agency informed of my child's or my family's needs.

The agency will provide for your child's treatment needs, provide coordinated case management, and other services according to the out-of-home placement plan while your child is in placement.

Visitation

As the parent, I agree to visit and keep in touch with my child as stated in the out-of-home placement plan.

The agency will establish a visitation plan with your child and their siblings that preserve your child's bond with you and their siblings, and assist in keeping the visitation schedule.

Financial

As the parent, if the agency is providing financial support for the placement, I agree to cooperate with a fee assessment, and provide the agency with information about income, child support, and any other benefits that my child and I receive. I will reimburse the agency for the cost of caring for my child in accordance with a plan agreed upon with the agency. I understand that if I receive Minnesota Family Investment Program (MFIP) and/or child support, this placement will affect the payment from these programs.

The agency will assume financial responsibility for the care of your child, including board, room, clothing, medical care, dental care and other expenses. The agency will provide information used to determine your contribution for your child's care and treatment. This will include information about your child's resources used to contribute to their care.

Medical insurance

As the parent, I agree to provide health insurance information to the agency and keep my child enrolled in my health plan. I will turn over to the agency any payment from my insurance company for my child's care when the agency paid the bill. If asked, I will apply for Medical Assistance for my child.

The agency will bill your health insurance, Medical Assistance, or you for medical services. The agency will assist you in applying for Medical Assistance.

Parents' authorization for medical care

As the parent, I agree to arrange and participate in my child's medical care, including mental health care, according to the out-of-home placement plan. In the event of an emergency and I cannot be reached, I authorize the agency to arrange and provide for necessary medical care. I maintain authority to consent to major medical care and procedures.

The agency will develop an out-of-home placement plan with you to determine how you will be informed and involved in the medical care of your child.

Parents' authorization for release of child's medical and education records

As the parent, I agree to sign the necessary releases for the agency and facility or foster home to have access to my child's education, medical and mental health records.

The agency will maintain data privacy of this information according to state and federal laws.

Termination of the agreement

As the parent, I agree to terminate the agreement by notifying the agency in writing of my desire to end this agreement, and the date I want my child returned to my home. The agency will return your child to you, or their guardian, no earlier than 72 hours, and no later than 30 days, after written notification is received, unless the agency has concerns about a child's safety or well-being and secures legal authority to continue the placement.

The agency may terminate a voluntary placement agreement with

written notice. The written notice would include information about your right to a fair hearing and how to appeal the decision. The scheduled time to return your child home will meet their need for safety and reasonable transition. Unless otherwise agreed to by you and the agency, the child will return home no sooner than 72 hours, and no later than 30 days, after the written notice is received or sent by the agency.

Prior to reunification, you and the agency will engage in transition planning, including establishing a time to return your child home, increasing visitation to support the transition, and planning for what services will be provided and in place upon your child's return home.

Notice for parents

The agency is required to provide a notice of the consequences to you (parent) and to your child of being in voluntary foster care. Information gathered during the time your child is in voluntary placement may be used by the agency to support a petition alleging that your child is in need of protection and services. If a child is in foster care for any reason other than to access treatment related to their emotional or developmental disability or related condition, the agency will need to reassess the voluntary placement. Notice of Rights and Responsibilities (SSIS 164/DHS5729) provides you and your child with information in writing and is presented to you (parent) as part of this agreement.

Signatures

I agree to the provisions contained in this voluntary foster care placement agreement. Mine/our and agency representative's signature below provides the agency legal authority to place your child in foster care.

SIGNATURE OF MOTHER/LEGAL CUSTODIAN

SIGNATURE OF FATHER/LEGAL CUSTODIAN

SIGNATURE OF AGENCY REPRESENTATIVE

TITLE OF AGENCY REPRESENTATIVE

DATE OF AGREEMENT

The date this agreement is signed must coincide with the date your child is moved to the foster home or facility. (If only one parent has signed the agreement, the agency must document why the other parent did not sign the agreement.)

This information is available in other forms to people with disabilities by calling your county worker. For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

Child in Voluntary Foster Care for Treatment Minnesota Statutes, Chapter 260D

Notice to Parent(s) Considering Voluntary Foster Care

When the voluntary foster care placement of a child with developmental disabilities or emotional disturbance is necessary for treatment, Minnesota law requires the responsible social service agency to have a voluntary agreement with their parent(s). The law establishes a child's safety, health, and best interests as the primary consideration of voluntary foster care. The purpose of the law is to:

- Ensure that a child with a disability is provided with the services necessary to treat or improve the symptoms of their disability.
- Preserve and strengthen a child's family ties whenever possible and in the child's best interest.
- Approve a child's placement away from their parent(s) only when the child's need for care or treatment requires it, and the child cannot be maintained in the home of their parent(s).
- Ensure that a child's parent(s) retain legal custody of them, and decision-making, unless the parent(s) willfully fail to or are unable to make decisions that will meet a child's safety, health and best interest.

When a child is in voluntary foster care, the parent maintains the responsibilities as legal custodian to plan together with the agency for the child's treatment needs. This form summarizes the parents', child's and agency's rights and responsibilities when a child is in voluntary foster care placement for treatment.

Placement

As the parent, I have the right and responsibility to:

- * Consult with an attorney at my expense before signing the voluntary placement agreement.
- * Disagree with the voluntary placement and not sign it. The county cannot place a child without legal authority.
- * Retain legal custody of my child, unless the court determines my child is in need of protection or services (CHIPS).
- * Be provided with a copy of the voluntary placement agreement.
- Disagree with the agency's choice of foster care facility.

- Provide the names of relatives, extended family members, and other important persons in my child's life who may be able to care for my child or be helpful as a support to my child's care.
- Submit information to the court, and be aware of the right to be heard as part of the court review within 165 days of placement.
- Participate in administrative and court reviews that are required if my child's treatment extends for more than six months.

My child/youth, age 12 or older, has the right to:

- Receive a copy of residents' rights, as established under Minn. Rules, parts 2960.0050, as a resident of a facility licensed by the state. The facility has responsibility to provide the youth with a copy of their rights.
- Submit information to the court as a part of court reviews within 165 days of placement.
- Be heard as part of the court review hearing.

The agency has the responsibility to:

- Provide or authorize for the care and supervision of a child while in voluntary foster care placement, including the child's safety, permanency and well-being.
- Assess the child's need for services, including foster care, and determine the facility and level of care necessary to meet their child's care and treatment needs.
- Ensure a child, age 12 or older, has been notified of their rights as a resident of a facility licensed by the state.
- Ask the parent(s) for the names of noncustodial parents, relatives, extended family members, and other important persons in the child's life who may be able to care for them, or be helpful as a support to their care.
- Assess concerns regarding a child's safety and well-being, and if necessary, file a child in need of protection or services petition (CHIPS) in county court. The agency may use any information gathered during the voluntary placement to show the court that the child may be in need of protection or services, according to Minn. Statutes, section 260C.141.

- Inform the child, age 12 or older, parent(s), foster parent(s) or facility staff, of the court reviews, how to send information to the court, and how to exercise the right to be heard.

Planning (out-of-home placement plan)

As the parent, I have the right and responsibility to:

- Participate with the agency in developing the out-of-home placement plan (within the first 30 days of my child's placement) to meet my child's need for safety, permanency and well-being.
- Actively participate in the ongoing planning to meet my child's need for safety, stability and permanency, and my child's need to stay connected to their family and community.
- Actively participate in planning and provision of educational services, medical and dental care for my child.
- Actively participate in planning and provision of my child's treatment needs with the agency and foster care facility.
- Inform the agency of any barriers to my active participation in my child's care.
- Receive a copy of the out-of-home placement plan.

My child/youth, age 12 or older, has the right to:

- Be consulted in preparation of the out-of-home placement plan.
- Receive a copy of the out-of-home placement plan.

The agency has the responsibility to:

- Inform parent(s) and children/youth of their rights, listed above.
- Include parent(s) and children/youth in the planning process.
- Include the child's mental health treatment provider in the preparation of the out-of-home placement plan when they are in foster care due to emotional disturbance.
- Develop a plan that preserves and strengthens the child's family ties wherever it is possible and in their best interest.
- Write an out-of-home placement plan with the parent(s) and child within 30 days of placement that provides:
 - Specific reasons the child was placed.
 - Description of the facility, including why the facility is the least restrictive, and in close proximity to the home of the parent(s), and meets the best interest of the child, including

their medical, educational and developmental needs.

- Description of the services offered to meet the care needs of the child, parents and facility to provide a safe and temporary stable home for the child and promote reunification of the family.
 - Permanency goal
 - Visitation plan
 - The plan to meet the child's health and education needs.
 - Diagnostic and assessment information and specific services related to meeting the child's mental health care needs and treatment outcomes
 - A plan of services to help the child develop independent living skills for children over age 16.
- Provide the parent(s) and youth with a copy of the out-of-home placement plan.

Services

As the parent, I have the right and responsibility to:

- Ask for services for my child.
- Be available and accessible to make health care decisions for my child, including decisions about care and treatment (including the use of restrictive techniques, medication and treatment plans).
- Participate in education planning, including the Individual Education Plan (IEP) process, and make decisions about my child's education plans.
- Communicate with the residential facility staff or foster parents to be informed about my child's behavior, discipline and other issues.
- Communicate with any medical or mental health care provider about decisions affecting my child's care or treatment, including proposed changes to their treatment and medication.
- Keep the agency informed about the needs of my child and my family.

My child/youth, age 12 or older, has the right to:

- Disagree with foster care facility or services provided under the out-of-home placement plan.
- Monthly visits by the agency social worker in the foster home or facility to ensure that they are safe and cared for.

The agency has the responsibility to:

- Arrange and provide for a child's care in a licensed facility. The care includes my child's basic needs and treatment needs. Care is coordinated by a case manager, and services are defined in the out-of-home placement plan.
- Provide information about the services a child is receiving and the provider of the services.
- See the child monthly to ensure they are safe and cared for in the facility.

Visitation

As the parent, I have the right and responsibility to:

- Visit my child according to the terms of the out-of-home placement plan, and let the agency know about any barrier to visitation.
- Ensure that the contact and visitation plan maintains my child's need to stay connected to their family and community.
- Request assistance, if needed, to keep the visitation schedule.

My child/youth, age 12 or older has the right to:

- Visit the parent(s) and siblings as determined safe and appropriate by the parent(s) and agency.

The agency has the responsibility to:

- Include a visitation plan as part of the out-of-home placement plan for the parent(s), siblings, other relatives or important friends that preserve and strengthen the child and family relationship, and the child's connection to their community.
- Assess barriers to visitation and determine available supports.

Financial and medical insurance

As the parent, I have the right and responsibility to:

- Know the information and process used to determine parental fees.
- Ask questions about resources available to help meet my child's needs, and apply for services in a timely manner.
- Reimburse the agency for the cost of caring for my child in accordance with a plan agreed upon with the agency.
- Support my child financially and provide complete information regarding any income, benefits, insurance or child support my

child and I receive. This may include applying my child's benefits to the cost of care.

My child/youth, age 12 or older has the right to:

- Basic needs, including room, board, medical care, dental care and clothing while in the facility.

The agency has the responsibility to:

- Determine the fee for services.
- Provide you with the information and process used to determine the fee(s).
- Provide you with contact information to ask questions about fee determination and collection.

Parent's authorization for the child's medical and educational records

As the parent, I have the right and responsibility to:

- Access my child's medical, education, legal, and other records during the placement that I have the right to access.
- Release, and authorize the release of, information about my child from their records.
- Provide the agency with information and consent to review my child's medical, mental health and education records.
- Keep the agency informed of my current address.

My child/youth, age 12 or older has the right to:

- Consent for health services, mental health, and treatment for chemical dependency, consistent with the Medical Treatment for Minors Act and Minnesota Commitment and Treatment Act [Minn. Stats. 144.341.347 and 253B.03 – 04]

The agency has the responsibility to:

- Support parent involvement in planning and decision-making regarding their child's medical treatment and education planning.

Termination of the agreement

As the parent, I have the right and responsibility to:

- Notify the agency in writing, at any time, to end the voluntary foster care placement agreement.
- Engage in transition planning for my child's return home, including:
- Establishing a time for my child to return home
- Increase visitation to ease the transition
- Plan for the services my child will need in place upon returning home.

The agency has the responsibility to:

- Return child to their parent(s) no sooner than 72 hours, and no later than 30 days after written notification is received.
- Contact the parent(s) about transition planning when the agency initiates termination of the placement. Following the contact, the agency sends written notification. The notification includes information about how to appeal the termination and request a fair hearing if the agency ends the voluntary foster care placement agreement.
- File a petition with the court alleging that return would not be in the best interest of the child if there are child protection concerns.

Court reviews of voluntary foster care for treatment

Foster care is temporary. When counties place children in foster care, the goal is to reunify the child with their family as soon as possible. Minn. law requires periodic review of foster care placements and services to ensure that the agency and the child's family are planning for the child's safety, permanency and well-being.

Court review required within 165 days of placement: The agency shall obtain a judicial review of voluntary foster care for treatment. The agency will send a written report to the court. The report will include a copy of the out-of-home placement plan and information about the child's care and treatment plan. The court review process includes:

- The parent(s), child, foster parent(s) or facility staff have a right to send information to the court, and to be heard in person. The agency has responsibility to provide information to parent(s),

child and provider about how to submit information as part of the court review, and how to request a hearing.

- An incourt hearing will not be held unless requested by the child, parent(s) or foster care provider.
- After receiving the agency report and additional information, the court has 10 days to decide if the voluntary placement is in the child's best interest, and whether the county agency and the parent(s) are appropriately planning for the child. The court will send the parent(s), child, foster care provider, and agency a copy of the court order.
- If the court decides that continued placement is not in the child's best interest, or that the agency and parent(s) are not planning appropriately for the child, the court will set a hearing and appoint a guardian ad litem for them.

Administrative reviews are required every six months. This meeting is often held at the county social service agency or at the foster care home/facility. The social worker, parents, child, foster provider, treatment professionals, and others review the out-of-home placement plan and update it.

Permanency hearings are required when the child has been in voluntary placement for 13 months. If the county agrees that foster care placement is to continue, the county will file a petition in court requesting continued voluntary placement, and present the reasons the child needs continued voluntary placement. If the court agrees that continued voluntary placement is in the child's best interest, the court will issue a written order.

Annual review hearings are required every 12 months as child continues in voluntary foster care placement. The court reviews the agencies' services to:

- Ensure that voluntary foster care placement continues to be the best arrangement for meeting the child's safety, health and best interest.
- Engage and support the parent(s) in continued involvement and decision-making for their child
- Strengthen the child's ties to the parent(s).

- Implement the out-of-home placement plan.
- Ensure appropriate planning for the child’s safe and permanent living arrangement and continued treatment as needed.

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency’s ADA coordinator.

**American Indian Child in Voluntary Foster Care
for Treatment Agreement
Minnesota Statutes, Chapter 260D**

This form is an agreement between the county social service agency and the child’s parent(s) when a child must be in foster care to receive necessary treatment for an emotional disturbance or developmental disability or related condition.

Identifying information:

Child’s full name	Date of birth
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Child’s tribal membership or affiliation

Parent or American Indian custodian’s full name	Date of birth
---	---------------

Parent or American Indian custodian’s address

Parent or American Indian custodian’s tribal membership or affiliation
(If tribal affiliation has not been determined include a statement to that effect.)

Parent or American Indian custodian’s full name	Date of birth
---	---------------

Parent or American Indian custodian’s address

Parent or American Indian custodian's tribal membership or affiliation.
(If tribal affiliation has not been determined include a statement to that effect.)

Placement information:

Name of foster parent or facility

Address of foster parent or facility

Court hearing information

Date and time of the hearing to obtain the court validation of the consent (if known)

Location, telephone number and name (if known) of the judge or referee of the court that will hear the consent.

THIS AGREEMENT IS BETWEEN _____
(agency), an agency duly authorized by the state of Minnesota to place children in out-of-home care, (hereinafter called the "agency"), and _____ and _____, parent(s) of _____, residing at _____ (Child's address) _____, county of _____, Minnesota.

Conditions of this agreement:

1. The child's residence or domicile IS/IS NOT on the reservation.
2. The child is not a ward of the tribal court.
3. Consent was not given prior to or within 10 days after the child's birth.
4. The parent(s) acknowledge that this agreement has been explained to them in detail and they understand the terms and consequences of this agreement.
5. The parents have a right to services to prevent placement of the child.
6. Active efforts to prevent placement including a DESCRIPTION

OF ACTIVE EFFORTS have been made by the agency.

7. To be valid, this consent must be approved at a court proceeding in which the parents or American Indian custodian personally appear.
8. The parents have been advised of the provisions of the Indian Child Welfare Act governing the provisions of the foster care placement and understand that a copy of this consent will be provided to the Tribe.

Placement

As the parent, I maintain (keep) legal custody of my child, and agree to place my child in foster care for the purpose of care and treatment. *The agency* agrees to provide or authorize supervision of your child who is placed in a licensed foster care home or licensed residential program.

Planning

As the parent, I agree to participate in the development of the out-of-home placement plan with the agency and keep the agency informed of where I live and how to contact me at all times.

The agency agrees to develop a written out-of-home placement plan with you and your child within 30 days of placement, review the plan as required, and provide you with a copy of the plan.

Services

As the parent, I agree to follow through with my responsibilities in the out-of-home placement plan, participate in treatment, case planning, and keep the agency informed of my child's or my family's needs.

The agency will provide for your child's treatment needs, provide coordinated case management, and other services according to the out-of-home placement plan while your child is in placement.

Visitation

As the parent, I agree to visit and keep in touch with my child as stated in the out-of-home placement plan.

The agency will establish a visitation plan with your child and their siblings that preserve your child's bond with you and their siblings, and assists in keeping the visitation schedule.

Financial

As the parent, if the agency is providing financial support for the placement, I agree to cooperate with a fee assessment, and provide the agency with information about income, child support, and any other benefits that my child and I receive. I will reimburse the agency for the cost of caring for my child in accordance with a plan agreed upon with the agency. I understand that if I receive Minnesota Family Investment Program (MFIP) and/or child support, this placement will affect the payment from these programs.

The agency will assume financial responsibility for the care of their child, including board, room, clothing, medical care, dental care and other expenses. The agency will provide you with information used to determine your contribution for your child's care and treatment. This will include information about your child's resources used to contribute to their care.

Medical insurance

As the parent, I agree to provide health insurance information to the agency and keep my child enrolled in my health plan. I will turn over to the agency any payment from my insurance company for my child's care when the agency paid the bill. If asked, I will apply for Medical Assistance for my child.

The agency will bill your health insurance, Medical Assistance, or you for medical services. The agency will assist you in applying for Medical Assistance.

Parents' authorization for medical care

As the parent, I agree to arrange for and participate in my child's medical care, including mental health care, according to the out-of-home placement plan. In the event of an emergency and I cannot be reached, I authorize the agency to arrange and provide for necessary medical care. I maintain authority to consent to major medical care and procedures.

The agency will develop an out-of-home placement plan with you

to determine how you will be informed and involved in the medical care of your child.

Parents' authorization for release of the child's medical and education records

As the parent, I agree to sign the necessary releases for the agency, facility or foster home to have access to my child's education, medical and mental health records.

The agency will maintain data privacy of this information according to state and federal laws.

Termination of the agreement

As the parent, upon demand, my child will be returned as soon as possible, and no later than 24 hours after receipt of a written and notarized demand from the parent or American Indian custodian filed with the juvenile court, unless the request specifies a later day or because of child protection concerns, this agency files a petition with the court alleging that return would not be in the best interest of the child.

The agency may terminate a voluntary placement agreement with written notice. The written notice would include information about your right to a fair hearing and how to appeal the decision. The scheduled time to return your child home will meet their need for safety and reasonable transition. Unless otherwise agreed to by you and the agency, the child will return home no sooner than 72 hours, and no later than 30 days, after the written notice is received or sent by the agency.

Prior to reunification, you and the agency will engage in transition planning, including establishing a time to return your child home, increasing visitation to support the transition, and planning for what services will be provided and in place upon your child's return home.

Notice for parents

The agency is required to provide a notice of the consequences to you (parent) and to your child of being in voluntary foster care. Information gathered during the time your child is in voluntary placement may be used by the agency to support a petition alleging

that your child is in need of protection and services. Additional rights and provisions of the Indian Child Welfare Act will apply to these services. If a child is in foster care for any reason other than to access treatment related to their emotional or developmental disability or related condition, the agency will need to reassess the voluntary placement. Notice of Rights and Responsibilities, (SSIS 163/DHS-5728) provides you and your child with information in writing and is presented to you (parent) as part of this agreement.

Signatures

I agree to the provisions contained in this voluntary foster care placement agreement. Mine/our and the agency representative’s signature below provides the agency legal authority to place your child in foster care.

SIGNATURE OF MOTHER/AMERICAN INDIAN CUSTODIAN

SIGNATURE OF AGENCY REPRESENTATIVE

SIGNATURE OF FATHER/AMERICAN INDIAN CUSTODIAN

TITLE OF AGENCY REPRESENTATIVE

SIGNATURE OF TRIBAL SOCIAL SERVICE REPRESENTATIVE

TRIBAL SOCIAL SERVICE AGENCY

DATE OF AGREEMENT

SIGNATURE OF JUDGE OR COURT REFEREE

DATE OF SIGNATURE OF JUDGE OR COURT REFEREE

The date this agreement is signed must coincide with the date your child is moved to the foster home or facility. (If only one parent has signed the agreement, the agency must document why the other parent did not sign the agreement.)

This information is available in other forms to people with disabilities by calling your county worker. For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

American Indian Child in Voluntary Foster Care for Treatment

Minnesota Statutes, Chapter 260D

Notice to Parent(s) Considering Voluntary Foster Care

When the voluntary foster care placement of a child with developmental disabilities or emotional disturbance is necessary for treatment, Minnesota law requires the responsible social service agency to have a voluntary agreement with their parent(s). The law establishes a child's safety, health, and best interests as the primary consideration of voluntary foster care. The purpose of the law is to:

- Ensure that a child with a disability is provided with the services necessary to treat or improve the symptoms of their disability.
- Preserve and strengthen a child's family ties whenever possible and in the child's best interest.
- Approve a child's placement away from their parent(s) only when the child's need for care or treatment requires it, and the child cannot be maintained in the home of their parent(s).
- Ensure that a child's parent(s) retain legal custody of them, and decision-making, unless the parent(s) willfully fail to or are unable to make decisions that will meet a child's safety, health and best interest.

When a child is in voluntary foster care, the parent maintains the responsibilities as legal custodian to plan together with the agency for the child's treatment needs. For an American Indian child, the tribe is notified about the placement and may be involved in services. This form summarizes the parents', child's and agency's rights and responsibilities when a child is in voluntary foster care placement for treatment.

Placement

As the parent, I have the right and responsibility to:

- Consult with an attorney at my expense before signing the voluntary placement agreement.
- Disagree with the voluntary placement and not sign it. The county cannot place a child without legal authority.
- Retain legal custody of my child, unless the court determines my child is in need of protection or services [CHIPS].
- Be provided a copy of the voluntary placement agreement.
- Disagree with the agency's choice of foster care facility.
- Provide the names of relatives, extended family members, and other important persons in my child's life who may be able to care for my child or be helpful as a support to my child's care.
- Submit information to the court, and be aware of the right to be heard as part of the court review within 165 days of placement.
- Participate in administrative and court reviews that are required if my child's treatment extends for more than six months.

My child/youth, age 12 or older, has the right to:

- Receive a copy of residents' rights, as established under Minn. Rules, parts 2960.0050, as a resident of a facility licensed by the state. The facility has responsibility to provide the youth with a copy of their rights.
- Submit information to the court as a part of court reviews within 165 days of placement.
- Be heard as part of the court review hearing.

The agency has the responsibility to:

- Provide or authorize for the care and supervision of a child while

in voluntary foster care placement, including the child's safety, permanency and well-being.

- Assess the child's need for services, including foster care, and determine the facility and level of care necessary to meet the child's care and treatment needs.
- Ensure a child, age 12 or older, has been notified of their rights as a resident of a facility licensed by the state.
- Ask the parent(s) for the names of noncustodial parents, relatives, extended family members, and other important persons in the child's life, who may be able to care for them or be helpful as a support to their care.
- Assess concerns regarding a child's safety and well-being, and if necessary, file a child in need of protection or services petition (CHIPS) in county court. The agency may use any information gathered during the voluntary placement to show the court that the child may be in need of protection or services, according to Minn. Statutes, section 260C.141.
- Inform the child, age 12 or older, parent(s), foster parent(s) or facility staff, of the court reviews, how to send information to the court, and how to exercise the right to be heard.

Placement of an American Indian child

As the parent, I have the right and responsibility to:

- Personally appear at the proceeding in order for the consent to be valid. The voluntary foster care agreement must be approved at a court proceeding.
- Make a statement acknowledging your understanding of the Indian Child Welfare Act and your rights. At the court proceeding you will be advised of the provision of the Indian Child Welfare Act governing voluntary placements.

The agency has the responsibility to:

- Contact the child's tribe and follow placement preference provisions specified by the Indian Child Welfare Act.
- Follow placement recommendations made by the tribal social service agency, if any.
- Arrange and present the voluntary foster care agreement form to the court.

- Notify the tribe of the child's placement within seven days of placement (excluding weekends and holidays) and provide the tribe with a copy of the voluntary agreement form.

Planning (out-of-home placement plan)

As the parent, I have the right and responsibility to:

- Participate with the agency in developing the out-of-home placement plan (within the first 30 days of my child's placement) to meet my child's need for safety, permanency and well-being.
- Actively participate in ongoing planning to meet my child's need for safety, stability and permanency, and my child's need to stay connected to their family and community.
- Actively participate in planning and provision of educational services, medical and dental care for my child.
- Actively participate in planning and provision of my child's treatment needs with the agency and foster care facility.
- Inform the agency of any barriers to my active participation in my child's care.
- Receive a copy of the out-of-home placement plan.

My child/youth, age 12, or older has the right to:

- Be consulted in preparation of the out-of-home placement plan.
- Receive a copy of the out-of-home placement plan.

The agency has the responsibility to:

- Inform parent(s) and children/youth of their rights, listed above.
- Include parent(s) and children/youth in the planning process.
- Include the child's mental health treatment provider in the preparation of the out-of-home placement plan when they are in foster care due to emotional disturbance.
- Develop a plan that preserves and strengthens the child's family ties wherever it is possible and in the child's best interest.
- Provide the parent(s) and youth with a copy of the out-of-home placement plan.
- Write an out-of-home placement plan with the parent(s) and child within 30 days of placement that provides:
 - Specific reasons the child was placed.
 - Description of the facility, including why the facility is the

least restrictive, and in close proximity to the home of the parent(s), and meets the best interest of the child, including their medical, educational and developmental needs.

- Description of the services offered to meet the care needs of the child, parents and facility to provide a safe and stable temporary home for the child and promote reunification of the family.
 - Permanency goals.
 - Visitation plans.
 - Plans to meet the child's health and education needs.
 - Diagnostic and assessment information, and specific services related to meeting the child's mental health care needs and treatment outcomes.
 - A plan of services to help the child develop independent living skills for children over age 16.
- Provide the parent(s) and youth with a copy of the out-of-home placement plan.

Services

As the parent, I have the right and responsibility to:

- Ask for services for my child.
- Be available and accessible to make health care decisions for my child, including decisions about care and treatment (including the use of restrictive techniques, medication and treatment plans).
- Participate in education planning, including the Individual Education Plan (IEP) process, and make decisions about my child's education plans.
- Communicate with the residential facility staff or foster parents to be informed about my child's behavior, discipline and other issues.
- Communicate with any medical or mental health care provider about decisions affecting my child's care or treatment, including proposed changes to their treatment and medication.
- Keep the agency informed about the needs of my child and my family.

My child/youth, age 12 or older, has the right to:

- Disagree with foster care facility or services provided under the out-of-home placement plan.

- Monthly visits by the agency social worker in the foster home or facility to ensure that they are safe and cared for.

The agency has the responsibility to:

- Arrange and provide for a child's care in a licensed facility. The care includes my child's basic needs and treatment needs. Care is coordinated by a case manager, and services are defined in the out-of-home placement plan.
- Provide information about the services a child is receiving and the provider of the services
- See the child monthly to ensure they are safe and cared for in the facility.

Visitation

As the parent, I have the right and responsibility to:

- Visit my child according to the terms of the out-of-home placement plan, and let the agency know about any barrier to visitation.
- Ensure that the contact and visitation plan maintains my child's need to stay connected to their family and community.
- Request assistance, if needed, to keep the visitation schedule.

My child/youth, age 12 or older, has the right to:

- Visit the parent(s) and siblings as determined safe and appropriate by the parent(s) and agency.

The agency has the responsibility to:

- Include a visitation plan as part of the out-of-home placement plan for the parent(s), siblings, other relatives or important friends that preserve and strengthen the child and family relationship, and the child's connection to their community.
- Assess barriers to visitation and determine available supports.

Financial and medical insurance

As the parent, I have the right and responsibility to:

- Know the information and process used to determine parental fees.
- Ask questions about resources available to help meet my child's needs, and apply for services in a timely manner.

- Reimburse the agency for the cost of caring for my child in accordance with a plan agreed upon with the agency.
- Support my child financially and provide complete information regarding any income, benefits, insurance or child support my child and I receive. This may include applying my child's benefits to the cost of care.

My child/youth, age 12 or older, has the right to:

- Basic needs, including room, board, medical care, dental care and clothing while in the facility.

The agency has the responsibility to:

- Determine the fee for services.
- Provide you with the information and process used to determine the fee(s).
- Provide you with contact information to ask questions about fee determination and collection.

Parents' authorization for the child's medical and educational records

As the parent, I have the right and responsibility to:

- Access to my child's medical, education, legal, and other records during the placement that I have the right to access
- Release, and authorize the release of, information about my child from their records.
- Provide the agency with information and consent to review my child's medical, mental health and education records.
- Keep the agency informed of my current address.

My child/youth, age 12 or older, has the right to:

- Provide consent for health services, mental health, and treatment for chemical dependency, consistent with the Medical Treatment for Minors Act and Minnesota Commitment and Treatment Act. [Minn. Stats. 144.341-.347 and 253B.03 – 04]

The agency has the responsibility to:

- Support parent(s) involvement in planning and decision-making regarding their child's medical treatment and education planning.

Termination of the agreement

As the parent, I have the right and responsibility to:

- Notify the agency in writing, at any time, to end the voluntary foster care placement agreement.
- Engage in transition planning for my child's return home, including:
 - Establishing a time for my child to return home
 - Increase visitation to ease the transition
 - Plan for the services my child will need in place upon returning home.

The agency has the responsibility to:

- Return child to their parent(s) no sooner than 72 hours, and no later than 30 days after written notification is received.
- Contact the parent(s) about transition planning when the agency initiates termination of the placement. Following the contact, the agency sends written notification. The notification includes information about how to appeal the termination and request a fair hearing if the agency ends the voluntary foster care placement agreement.
- File a petition with the court alleging that return would not be in the best interest of the child if there are child protection concerns.

Court reviews of voluntary foster care for treatment for an American Indian child

Foster care is temporary. When counties place children in foster care, the goal is to reunify the child with their family as soon as possible. Minn. law requires periodic review of foster care placements and services to ensure that the agency and the child's family are planning for the child's safety, permanency and well-being.

Court review required before placement: The voluntary placement agreement must be reviewed at a court proceeding and parent(s) must personally appear at the proceeding in order for the consent to be valid. At the court proceeding, parent(s) will be advised of the provisions of the Indian Child Welfare Act governing voluntary placement and parent(s) will be asked to make a statement acknowledging their understanding of the Indian Child Welfare Act and their rights.

Court review required within 165 days of placement: The agency shall obtain a judicial review of voluntary foster care for treatment. The agency will send a written report to the court. The report will include a copy of the out-of-home placement plan and information about the child's care and treatment plan. The court review process includes:

- The parent(s), child, foster parent(s) or facility staff have a right to send information to the court and to be heard in person. The agency has responsibility to provide information to parent(s), child and provider about how to submit information as part of the court review, and how to request a hearing.
- An in-court hearing will not be held unless requested by the child, parent(s) or foster care provider.
- After receiving the agency report and additional information, the court has 10 days to decide if the voluntary placement is in the child's best interest, and whether the county agency and the parent(s) are appropriately planning for the child. The court will send the parent(s), child, foster care provider and agency a copy of the court order.
- If the court decides that continued placement is not in the child's best interest, or that the agency and parent(s) are not planning appropriately for the child, the court will set a hearing and appoint a guardian ad litem for them.

Administrative reviews are required every six months. This meeting is often held at the county social service agency or at the foster care home/facility. The social worker, parents, child, foster provider, treatment professionals and others, review the out-of-home placement plan and update it.

Permanency hearings are required when the child has been in voluntary placement for 13 months. If the county agrees that foster care placement is to continue, the county will file a petition in court requesting continued voluntary placement, and present the reasons the child needs continued voluntary placement. If the court agrees that continued voluntary placement is in the child's best interest, the court will issue a written order.

Annual review hearings are required every 12 months as child continues in voluntary foster care placement. The court reviews the agencies' services to:

- Ensure that voluntary foster care placement continues to be the best arrangement for meeting the child's safety, health and best interest.
- Engage and support the parent(s) in continued involvement and decision-making for their child
- Strengthen the child's ties to the parent(s).
- Implement the out-of-home placement plan.
- Ensure appropriate planning for the child's safe and permanent living arrangement and continued treatment as needed.

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Funding for this booklet was obtained in part from the Minnesota Department of Human Services. Special thanks to the professionals and parents who reviewed this booklet. This booklet does not contain legal advice.

NAMI Minnesota
800 Transfer Road, Suite 31
St. Paul, MN 55114
651-645-2948
1-888-NAMI-HELPS
www.namihelps.org

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National Alliance on Mental Illness

800 Transfer Road, Suite 31

St. Paul, MN 55114

Phone: 651-645-2948

Toll Free: 1-888-NAMI HELPS

Fax 651-645-7379

E-mail: nami-mn@nami.org

Web: www.namihelps.org

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MINNESOTA